Vaccine essentials

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Nov 18, 2021

Agenda

Safety
Efficacy
Masks
Mandates
Recovered immunity
Early treatments
Rule breakers
Corruption of science and medicine
Censorship

About me

Retired high-tech serial entrepreneur. Age 65.

Started CETF which funded fluvoxamine, HCQ, camostat, ...studies. Featured on *60 Minutes*.

Doubly vaxxed **before** learning my friends were dead/disabled after vaccination. Driven by data, not “popular opinion.”

Quit my company to focus 100% on saving lives.

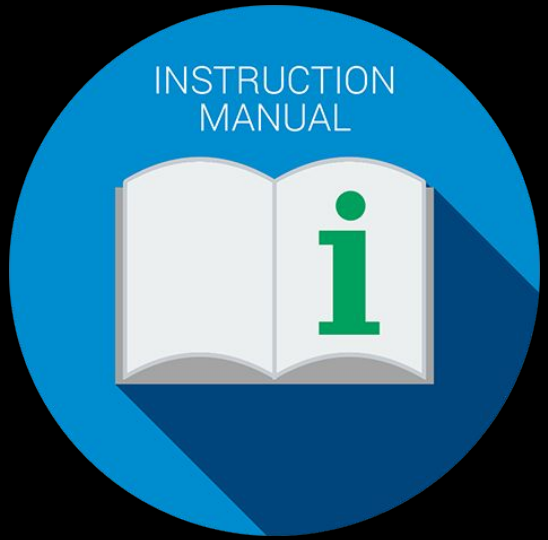
Not a doctor so not subject to intimidation tactics.

No conflicts of interest. No history of misinformation spreading or conspiracy theories < May 25, 2021.

How to use this slide deck

You will never convince anyone that they made a mistake with this deck. They will stop reading the deck on the very first slide that is contrary to their belief system.

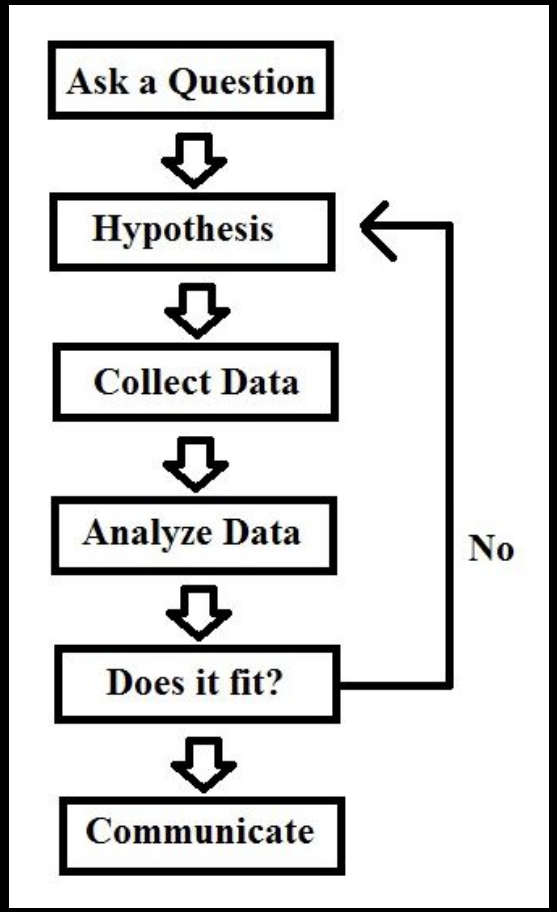
Instead, ask them to explain to you how I got it wrong.



How science works

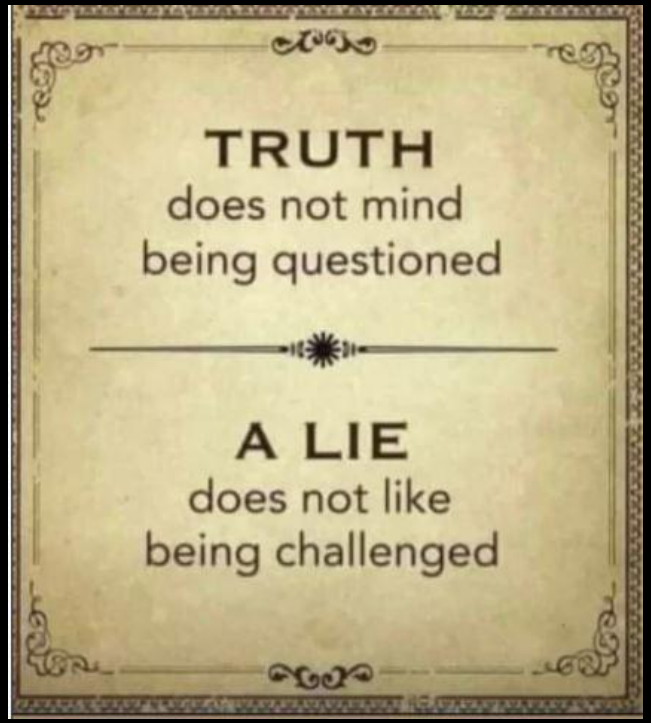
Create hypothesis.

See if the hypothesis can explain the data.



Which side is telling the truth?

The side that wants a debate.



Our claim

Our hypothesis, that the vaccines are unsafe and largely ineffective, fits the data.

Their “safe and effective” hypothesis doesn’t. They don’t want to debate us. Even for $1M just to show up at the debate table.

Safety

In the US, the vaccines kill > save

Killed: >150K[1]
Saved: ~10K[2]

[1]Estimating the number of vaccine deaths computes over 150K excess deaths due to the COVID vaccines 8 different ways.
[2]Pfizer's 6 month phase 3 trials result clearly shows 1 life saved for every 22,000 vaccinations. Since we've partially vaccinated almost 220M Americans, that's at most 10,000 lives saved as of Oct 10, 2021. But that's assuming the vaccines are as effective against Delta as they are against Alpha. So it's probably much less than 10,000 lives saved.

Age	Killed	Saved	K:S
20-30	67	11	6.1:1
30-40	121	31	3.9:1
40-50	210	76	2.8:1
50-60	436	185	2.4:1
60-70	1031	450	2.3:1
70-80	2140	1133	1.9:1
80+	6276	3458	1.8:1

Vax is nonsensical

Killed > Saved for all ages

The table shows the Killed vs. Saved from COVID death in 6 months numbers. Units for both columns are per million doses. Saved assumes vaccines are 100% effective against projected COVID deaths.

This article details how the numbers were calculated. Both columns are from US government data (VAERS and CDC).

Bottom line: It is nonsensical to vaccinate any age group.

Killed > Saved
validated in multiple papers published in the peer-reviewed scientific literature

ELSEVIER

Toxicology Reports
Volume 8, 2021, Pages 1665-1684

Why are we vaccinating children against COVID-19?

Ronald N. Kostoff [a], Daniela Calina [b], Darja Kanduc [c], Michael B. Briggs [d], Panayiotis Vlachoyiannopoulos [e], Andrey A. Svistunov [f], Aristidis Tsatsakis [g]

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https://doi.org/10.1016/j.toxrep.20

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Referred to by Ronald N. Kostoff
Andrey A. Svistun
Erratum to "Why
Toxicology Report

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Science, Public Health Policy, and the Law
Volume 3:87-99
August, 2021
Clinical and Translational Research

An Institute for Pure and Applied Knowledge (IPAK)
Public Health Policy Initiative (PHPI)

IPAK PHPI

The Safety of COVID-19 Vaccinations — Should We Rethink the Policy?

Harald Walach,[1*] Rainer J. Klement,[2] and Wouter Aukema[3]

Abstract

Background: COVID-19 vaccines have had expedited reviews without sufficient safety data. We wanted to compare risks and benefits.

Methods: We calculated the Number Needed to Vaccinate (NNTV) to prevent one death from a large Israeli field study. We accessed the Adverse Drug Reactions database of the Dutch National Register (Lareb) to extract the number of cases reporting severe side-effects and the number of cases reporting fatal side-effects.

Results: The NNTV is between 200 and 700 to prevent one case of COVID-19 for the mRNA vaccine marketed by Pfizer. NNTV to prevent one death is between 9,000 and 100,000 (95% confidence interval), with 16,000 as a point estimate. We observed strong variability in the number of Individual Case Safety Reports (ICSRs) per 100,000 vaccine doses across all EU member states. The estimate for the number of ICSRs per 100,000 vaccinations derived from the Lareb database was approximately 700. Among those, there were 16 serious ICSRs, and the number of ICSRs reporting fatal side-effects was at 4.11/100,000 vaccinations. Thus, for 6 (95% CI 2–11) deaths prevented by vaccination, there were approximately 4 deaths reported to Dutch Lareb that occurred after vaccination, yielding a potential risk/benefit ratio of 2:3.

Conclusion: Although causality between ICSRs and vaccination has not been established, these data indicate a lack of clear benefit, which should cause governments to rethink their vaccination policy.

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Correspondence: hwalac@gmail.com; Tel.: +49 30 467 97 436

Killed > Saved
validated in new study
from Germany
(November 19, 2021)

The NEW ENGLAND JOURNAL of MEDICINE

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ORIGINAL ARTICLE
Obesity-Associated GNAS Mutations and the Melanocortin Pathway

Racial Disparities in Clinical Medicine

EDITORIAL
Audio Interview: Are Covid-19 Vaccine Boosters Necessary?

ORIGINAL ARTICLE

Safety and Efficacy of the BNT162b2 mRNA Covid-19 Vaccine through 6 Months

Stephen J. Thomas, M.D., Edson D. Moreira, Jr., M.D., Nicholas Kitchin, M.D., Judith Absalon, M.D., Alejandra Gurtman, M.D., Stephen Lockhart, D.M., John L. Perez, M.D., Gonzalo Pérez Marc, M.D., Fernando P. Polack, M.D., Cristiano Zerbini, M.D., Ruth Bailey, B.Sc., Kena A. Swanson, Ph.D., et al., for the C4591001 Clinical Trial Group*

September 15, 2021
DOI: 10.1056/NEJMoa2110345

During the blinded, controlled period, 15 BNT162b2 and 14 placebo recipients died; during the open-label period, 3 BNT162b2 and 2 original placebo recipients who received BNT162b2 after unblinding died. None of these deaths were considered related to BNT162b2 by investigators. Causes of death were balanced between BNT162b2 and placebo groups **(Table S4)**.

Pfizer Phase 3: 6 month study result

Killed > Saved (7 to 1)

Group	Vaccine	Placebo
Pre-unblind	15	14
Post-unblind	**5**	**0**
Total	**20**	**14**
Saved (killed)	**7**	**1**

1 person's life was saved from COVID by the vaccine, but at an estimated cost of 7 all-cause mortality excess deaths. Cardiac arrest was 4X higher in vaccine group.

Killed > Saved
validated in latest
FDA report
(**23.5%** more deaths
if got the vax)

>800X deadlier than the smallpox vaccine[1]

The smallpox vaccine is considered **much too deadly to use**.

CBS News / CBS Evening News / CBS Mornings / CBS Saturday Morning / 48 Hours / 60 Minutes / Sunday M

60 MINUTES

EPISODES OVERTIME TOPICS THE TEAM

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Low white blood cell count
blood cell counts are very co
and may cause serious infec
Full Prescribing Information

THE MOST DANGEROUS VACCINE

Dan Rather Reports On The Debate Over Safety Of Smallpox Vaccine

2002 DEC 11 | CORRESPONDENT DAVID KOHN | FACEBOOK | TWITTER | REDDIT | FLIPBOARD

Smallpox may be the worst disease ever known to man. It killed about half a billion people from 1880 to 1980, before it was eradicated.

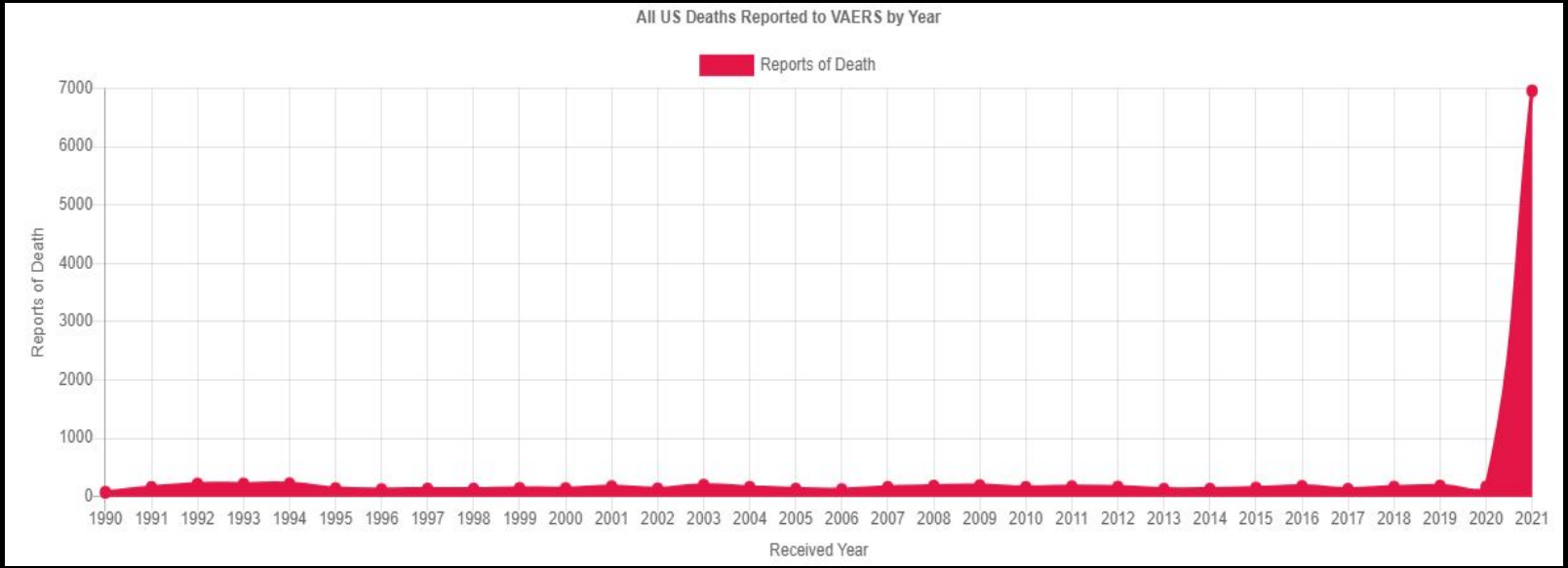
And the smallpox vaccine is deadly, too. Scientists call it the most dangerous vaccine known to man.

[1] Mathew Crawford's analysis found 822 deaths per million fully vaccinated. Smallpox is 1 death per million vaccinated.

One of these vaccines is unsafe.

Can you spot which one?

(nobody at the FDA or CDC can, including the advisory committees!)



One of these vaccines is unsafe.

Can you spot which one?

(This is the EU system)

World Health Organization

VigiAccess was launched by the World Health Organization (WHO) in 2015 to provide public access to information in VigiBase, the WHO global database of reported potential side effects of medicinal products.

Vaccine or Drug Name	Total ADRs	Years
Mumps vaccine	711	1972-2021
Rubella vaccine	2,621	1971-2021
Ivermectin	5,705	1992-2021
Measles vaccine	5,827	1968-2021
Penicillin nos	6,684	1968-2021
smallpox vaccine	6,891	1968-2021
chloroquine	7,139	1968-2021
tetanus vaccine	15,085	1968-2021
Hydroxychloroquine	32,641	1968-2021
Hepatitis A vaccine	46,773	1989-2021
Benzylpenicillin	51,327	1968-2021
Rotavirus vaccine	68,327	2000-2021
Accutane	70,719	1983-2021
Vancomycin	71,159	1974-2021
Hepatitis B vaccine	104,619	1984-2021
Polio vaccine	121,988	1968-2021
Meningococcal vaccine	126,412	1976-2021
Ibuprofen	166,209	1969-2021
tylenol	169,359	1968-2021
Aspirin	184,481	1968-2021
Pneumococcal vaccine	234,783	1980-2021
Influenza vaccine	272,202	1968-2021
Covid-19 vaccine	2,457,386	2020-2021

www.vigiaccess.org

Updated Nov. 12th 2021

High vaccine adverse events are not due to "over-reporting." There are more events reported because there are more events occurring (>10,000X).

Small practice

750 patients
Reports in 29 years: 0
Reports this year: 25

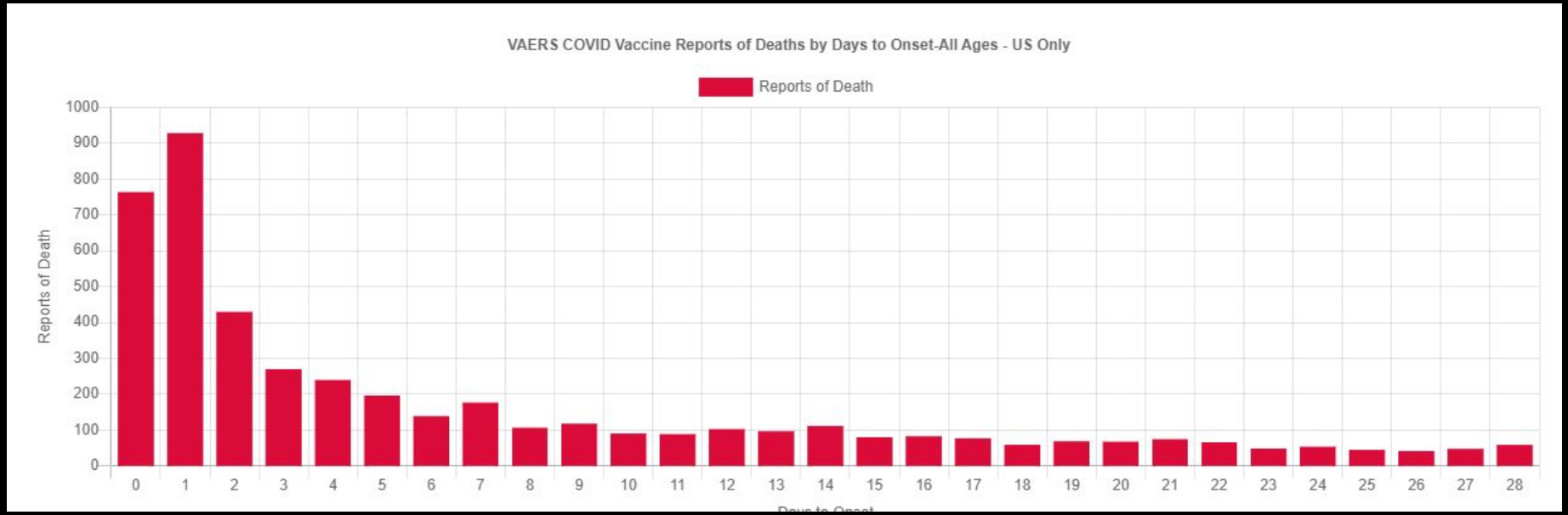
Large neuro practice

20,000 patients
Reports in 11 years: 0
Reports this year: 2,000

THE FDA SAYS THESE ARE ALL “BACKGROUND DEATHS”

But if they were background deaths, all the bars would be the same height!

Do these look like the same height to you?



These numbers are unprecedented.

More than for all vaccines in the last 30 years *combined*!

NB: Multiply all numbers by 41 to get the actual count

643,956 (US) Reports
Through November 5, 2021

8,456 DEATHS	39,629 HOSPITALIZATIONS	80,744 URGENT CARE
123,127 DOCTOR OFFICE VISITS	2,094 ANAPHYLAXIS	2,732 BELL'S PALSY

1,354 Miscarriages	4,263 Heart Attacks	3,805 Myocarditis/Pericarditis	9,770 Permanently Disabled
1,278 Thrombocytopenia/ Low Platelet	9,883 Life Threatening	25,272 Severe Allergic Reaction	6,550 Shingles

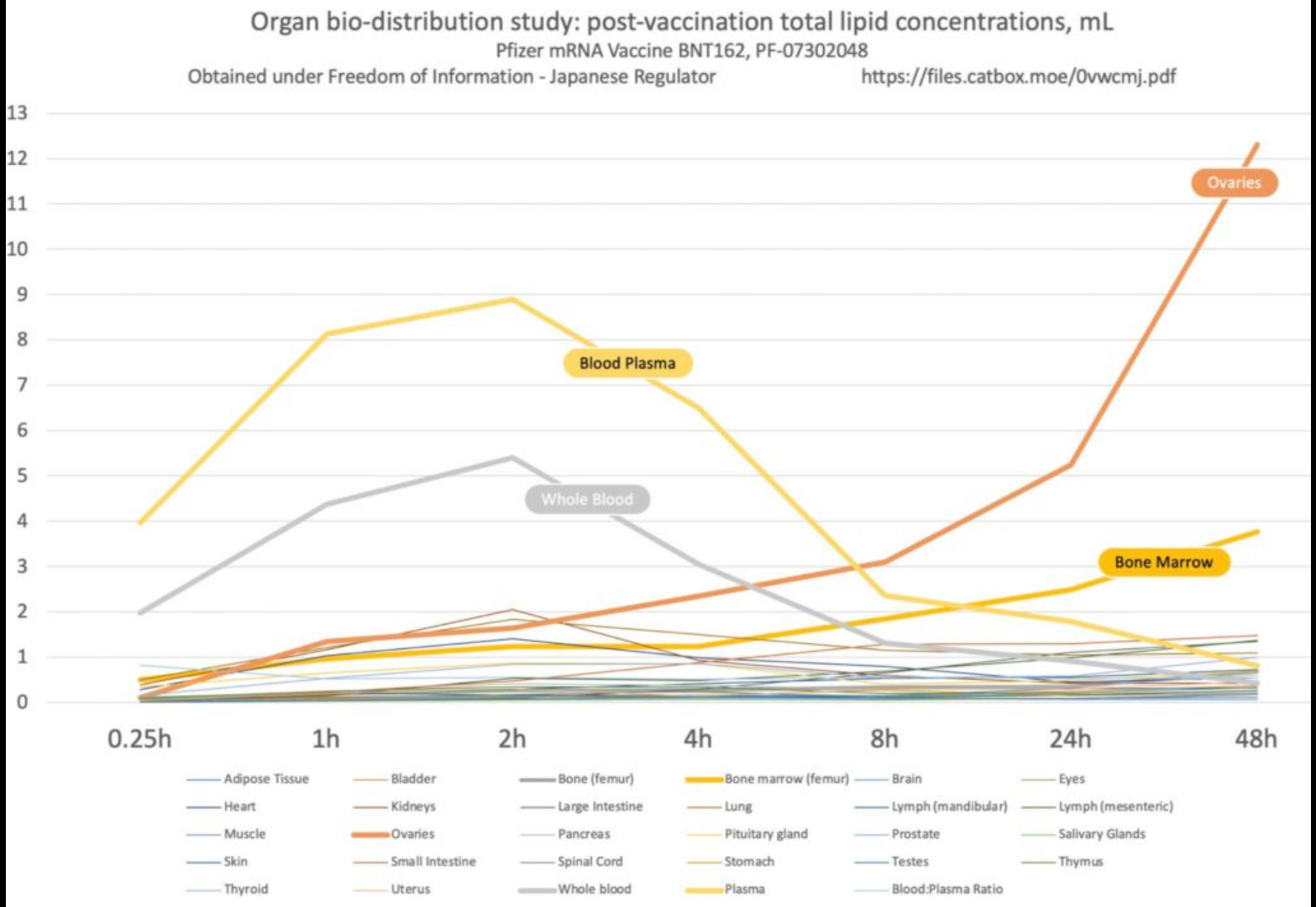
For ages 5-11: Kill 117 → Save 1

We will kill 117 kids to save one child from dying from COVID in the 5 to 11 age range

That's according to a risk-benefit analysis done by risk-benefit expert Dr. Toby Rogers. His analysis has been viewed by over 22,000 readers. No mistak...

Steve Kirsch

Nov 4 164 104


Organ bio-distribution study: post-vaccination total lipid concentrations, mL
Pfizer mRNA Vaccine BNT162, PF-07302048
Obtained under Freedom of Information - Japanese Regulator
https://files.catbox.moe/0vwcmj.pdf
13
12
11
10
9
8
7
6
5
4
3
2
1
0
Ovaries
Blood Plasma
Whole Blood
Bone Marrow
0.25h
1h
2h
4h
8h
24h
48h
Adipose Tissue
Bladder
Bone (femur)
Bone marrow (femur)
Brain
Eyes
Heart
Kidneys
Large Intestine
Lung
Lymph (mandibular)
Lymph (mesenteric)
Muscle
Ovaries
Pancreas
Pituitary gland
Prostate
Salivary Glands
Skin
Small Intestine
Spinal Cord
Stomach
Testes
Thymus
Thyroid
Uterus
Whole blood
Plasma
Blood:Plasma Ratio

Menstrual issues are highly elevated by up to 8,800X

CDC does not want you to know this

1	Symptoms	C19 Count	Baseline count	X factor
2	Heavy menstrual bleeding	3,528	2	8820
3	Heart rate	3,189	2	7973
4	Magnetic resonance imaging head	1,512	2	3780
5	Angiogram pulmonary abnormal	609	1	3045
6	Weight	570	1	2850
7	Polymenorrhoea (menstrual cycle shortened)	562	1	2810
8	Maternal exposure during pregnancy	955	2	2388
9	Physical examination	470	1	2350
10	Blood pressure measurement	3,617	9	2009
11	Bell's palsy	3,065	10	1533
12	Facial discomfort	281	1	1405
13	Lung opacity	783	3	1305
14	Pain assessment	260	1	1300
15	Illness	4,088	17	1202
16	Vaccination site pruritus	4,179	18	1161
17	Menstrual disorder	2,043	9	1135
18	Disease recurrence	224	1	1120
19	Dysmenorrhoea (painful periods)	1,509	7	1078
20	Vital signs measurement	1,411	7	1008
21	Anosmia (loss of sense of smell)	3,187	16	996
22	Magnetic resonance imaging head abnormal	989	5	989
23	Anticoagulant therapy	1,537	8	961
24	Pulmonary embolism	2,672	14	954
25	Menstruation irregular	2,590	14	925
26	Oxygen saturation	1,031	6	859
27	Pulmonary thrombosis	512	3	853
28	Cerebral venous sinus thrombosis	167	1	835
29	Drug ineffective	2,697	18	749
30	Infusion	143	1	715
31	Poor quality product administered	2,091	15	697
32	Body temperature	9,230	75	615
33	Computerised tomogram neck	369	3	615
34	Oligomenorrhoea (infrequent menstrual periods)	462	4	578
35	Investigation	807	7	576
36	Taste disorder	1,939	17	570
37	Hypomenorrhoea (extremely light menstrual blood flow)	114	1	570

match | no match

Cardiac events in VAERS… **475X normal**

1	Symptoms	C19 Count	Baseline count	X factor
2	Heart rate	3,189	2	7973
3	Cardiac failure acute	95	1	475
4	N-terminal prohormone brain natriuretic peptide (indicates heart failure)	88	1	440
5	Body temperature abnormal	172	2	430
6	Acute myocardial infarction (the fancy name for heart attack)	659	8	412
7	Cardiac ablation (procedure to scar your heart to restore normal heart function)	75	1	375
8	Left ventricular hypertrophy	70	1	350
9	Arteriogram carotid abnormal	69	1	345
10	Stress echocardiogram	69	1	345
11	Internal haemorrhage	68	1	340
12	Coronary artery occlusion	132	2	330
13	Carditis (inflamation of the heart)	65	1	325
14	Peripheral artery thrombosis	62	1	310
15	Pulseless electrical activity (PEAs are a sign you're going to die)	123	2	308
16	N-terminal prohormone brain natriuretic peptide increased (heart damage)	118	2	295
17	Arteriogram coronary abnormal	59	1	295
18	Ventricular hypokinesia	93	2	233
19	Acute left ventricular failure	46	1	230
20	Myocardial ischaemia	46	1	230
21	Magnetic resonance imaging thoracic abnormal	45	1	225
22	Tri-iodothyronine	45	1	225
23	Arterial occlusive disease	44	1	220
24	Angiogram abnormal	173	4	216
25	Percutaneous coronary intervention	42	1	210
26	Troponin increased	1,845	45	205
27	Catheterisation cardiac	482	12	201
28	Electrocardiogram ST segment abnormal	80	2	200
29	Coronary artery dissection	40	1	200
30	Epinephrine	40	1	200
31	Cerebral venous thrombosis	39	1	195

Cardiac risk **more than doubled** after vaccination

tract 10712: Mrna COVID Vaccines Dramatically Increase Endothelial Inflammatory Markers and ACS Risk as Measured by the PULS Cardi...

Details Related References Figures

ARTERIOSCLEROSIS, THROMBOSIS, VASCULAR BIOLOGY
SESSION TITLE: DAMPS, INFECTION AND CARDIOVASCULAR METABOLISM

Abstract 10712: Mrna COVID Vaccines Dramatically Increase Endothelial Inflammatory Markers and ACS Risk as Measured by the PULS Cardiac Test: a Warning

Steven R Gundry

Originally published 8 Nov 2021 | Circulation. 2021;144:A10712

Abstract

Our group has been using the PLUS Cardiac Test (GD Biosciences, Inc, Irvine, CA) a clinically validated measurement of multiple protein biomarkers which generates a score predicting the 5 yr risk (percentage chance) of a new Acute Coronary Syndrome (ACS). The score is based on changes from the norm of multiple protein biomarkers including IL-16, a proinflammatory cytokine, soluble Fas, an inducer of apoptosis, and Hepatocyte Growth Factor (HGF)which serves as a marker for chemotaxis of T-cells into epithelium and cardiac tissue, among other markers. Elevation above the norm increases the PULS score, while decreases below the norm lowers the PULS score.The score has been measured every 3-6 months in our patient population for 8 years. Recently, with the advent of the mRNA COVID 19 vaccines (vac) by Moderna and Pfizer, dramatic changes in the PULS score became apparent in most patients.This report summarizes those results. A total of 566 pts, aged 28 to 97, M:F ratio 1:1 seen in a preventive cardiology practice had a new PULS test drawn from 2 to 10 weeks following the 2nd COVID shot and was compared to the previous PULS score drawn 3 to 5 months previously pre- shot. Baseline IL-16 increased from 35=/-20 above the norm to 82 =/- 75 above the norm post-vac; sFas increased from 22+/- 15 above the norm to 46=/-24 above the norm post-vac; HGF increased from 42+/-12 above the norm to 86+/-31 above the norm post-vac. These changes resulted in an increase of the PULS score from 11% 5 yr ACS risk to 25% 5 yr ACS risk. At the time of this report, these changes persist for at least 2.5 months post second dose of vac.We conclude that the mRNA vacs dramatically increase inflammation on the endothelium and T cell infiltration of cardiac muscle and may account for the observations of increased thrombosis, cardiomyopathy, and other vascular events following vaccination.

November 16, 2021
Vol 144, Issue Suppl_1

Article Information

Metrics

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© 2021 by American Heart Association, Inc.

Originally published November 8, 2021

Do these bar charts look the same to you?

More proof that these vaccines are deadly. If just “over-reporting” the shape would be the same.

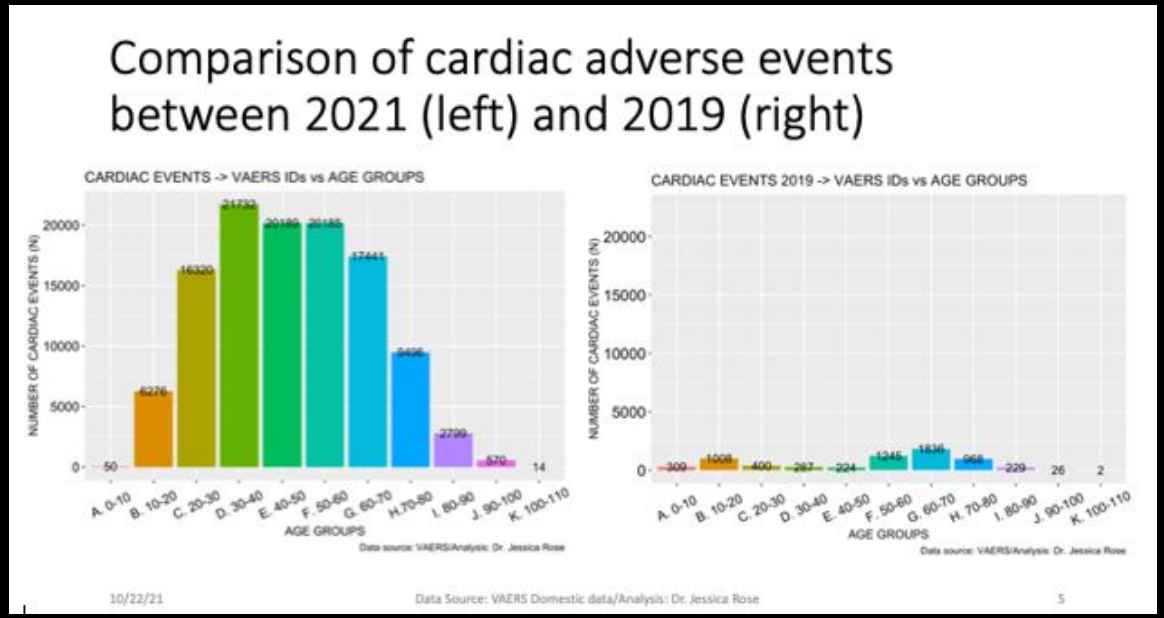

Chart prepared by Jessica Rose

60X higher rate of cardiac events on sports fields *after* vaccines rolled out

The **only** viable explanation: caused by the vaccines.

German News Agency Tracks 75 Prominent Athletes Suddenly Dead Of Heart Attacks After COVID Vax

conservativedailypost.com
German News Agency Tracks 75 Prominent Athletes Sudde...
One German news agency is apparently stunned by the fact that 75 prominent athletes have suddenly died of heart ...

7:24 PM · Nov 13, 2021 · Twitter Web App

123 Retweets **20** Quote Tweets **177** Likes

Denmark's Christian Eriksen collapses on pitch, players in tears, match on hold

Eriksen's teammates surrounded the medical team to ward off any prying cameras, but the tears in their eyes made it clear that something awful had happened to him.

by Abhilash Singh
June 12, 2021

Mindy Robinson @AmericanAFMindy · 3h

Young world class athletes are dropping dead in droves. This is not normal...

33 year old pro dancer Santo Giuliano suffers heart attack after vaccine
19 year old Football player Jalen Leavey dead
19 year old Football player Tirrell Williams dead
21 year old Football player Okafor Kelechi dead
29 year old Football player Lee Moses dead
15 year old Footballer Stephen Sylvester dead
18 year old Football player Emmanual Anthwi dead
13 year old Football player Cajetan Chinoyelum Nsofor dead
15 year old Soccer player Moira Claire Arney dead
Junior High School Baseball Pitcher Andrew Roseman dead
17 year old Footballer Nickolas Lawrinas dead
17 year old Footballer Miquel Lugo dead
16 year old Football player Devon DuHart dead
16 year old Footballer Ivan Hicks dead
19 year old Footballer Joe Bradshaw dead
16 year old Football player Drake Geiger dead
15 year old Football player Joshua Ivory dead
19 year old Football player Quandarius Wilburn dead
17 year old Football player Dimitri McKee dead
29 year old Rugby player Dave Hyde dead
27 year old Baseball player Yusuke Kinoshita dead
24 year old Olympic Cyclist Olivia Podmore dead during the week athlete sprinter Cameron Burell also dies
23 year old China Olympics Champion Gilbert Kwemoi dead
37-year-old former French professional footballer Franck Berrier dead
25 years old Belgian soccer player Jente Van Genechten suffers cardiac arrest
30 year old Venezuelan National Marathon Champion Alexaida Guedez dead
28 years old José dos Reis collapses on the field and has to be resuscitated
16 years old Diego Ferchaud from suffers cardiac arrest
Austria player of ASV Baden collapses on the field and has to be revived
16-year-old football player in Bergamo suffers cardiac arrest
27 years old Belgian amateur soccer player Jens De Smet dead
13-year-old soccer player suffers heart attack on field
17 year old soccer player Dylan Rich dead
Player from Birati Club Münster suffers cardiac arrest
22 years old Abou Ali collapses with cardiac arrest
19 years old ice hockey player Sebastiaan Bos dead.
37 years old Ex-NFL professional Parys Haralson dead
25 years old Canadian university football player Francis Perron dead
19 year old FC Nantes soccer player suffers cardiac arrest
Germany volleyball trainer Traktor Divitz dead
29 years old Shrewsbury striker Ryan Bowman treated with defibrillator during game
25 years goalkeeper Lukas Bommer dead
18 years old pro footballer Felipe de Jesus Moreira has double heart attack
Italy, 27 years old cycling champion Gianni dead
English lineswoman Helen Byrne, heart problems has to be carried off at world cup
17-year-old soccer player of the JSG High Hagen dead
Germany Team leader Dietmar Gladow dead
Germany 15 years old goalkeeper Bruno Stein dead

Two players down within 10 minutes of each other

Uncontrolled shaking in both.

Both recently vaccinated.

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Home / Sports / Cricket / 2 West Indies women cricketers collapse on field during T20I against Pakistan

2 West Indies women cricketers collapse on field during T20I against Pakistan

Two West Indies players collapsed on the ground within a span of 10 minutes, during the second T20I against Pakistan.

By: Sports Desk |
Updated: July 3, 2021 5:25:07 pm

NBA star Brandon Goodwin

He’s done.
Likely forever.

Former Atlanta Hawks guard Brandon Goodwin claims COVID-19 vaccine ended his season

Goodwin left nothing up to the imagination to his Twitch audience recently.

By Rashad Milligan | Oct 3, 2021, 7:00am EDT | | 28 Comments

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Photo by David Dow/NBAE via Getty Images

Celine Dion

She’s done.
Likely forever.

November 5, 2021 admin

The [redacted] Blog.com
November 5, 2021

French-Canadian singer Celine Dion announced via Instagram on October 19 that her long-awaited show at the Resorts World Theater in Las Vegas is cancelled. Ms. Dion, 53, is is reportedly suffering from "severe and persistent muscle spasms" and cannot perform as a result.

Resorts World announced in September that all new hires are required to receive [redacted] or viral vector [redacted] as a condition of employment.

Canada requires [redacted] passports for international travelers.

IBT article says, "Dion has taken the [redacted]"

French weekly magazine *Public* reported on October 29 that Ms. Dion is paralyzed.

A relative told the magazine the following:

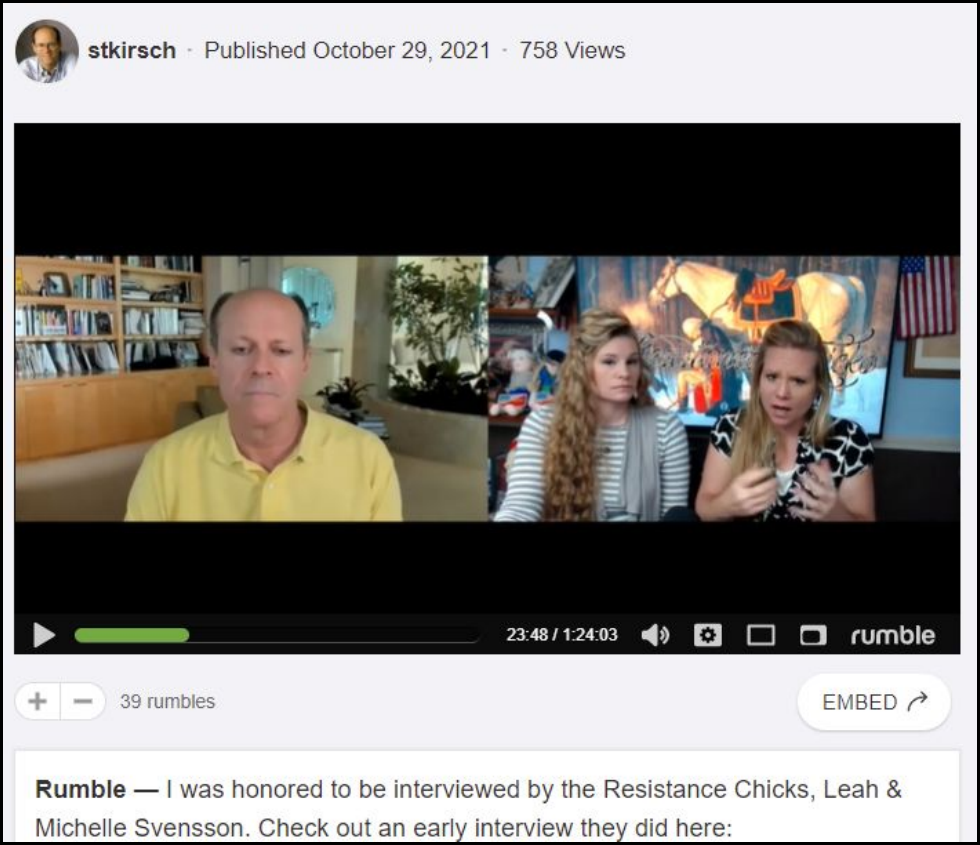
"Celine can no longer get out of bed, move or walk. She suffers from pain in her legs and feet which paralyzes her. She is very weak and has lost much weight."

Nursing home
Before vax: 240 people
After vax: 40 people

200 people died after the vax rollout. Killed 84% of the nursing home.

Watch the video starting at 23:25 for just 30 seconds.

If the vaccines are so safe, then how do you explain this??

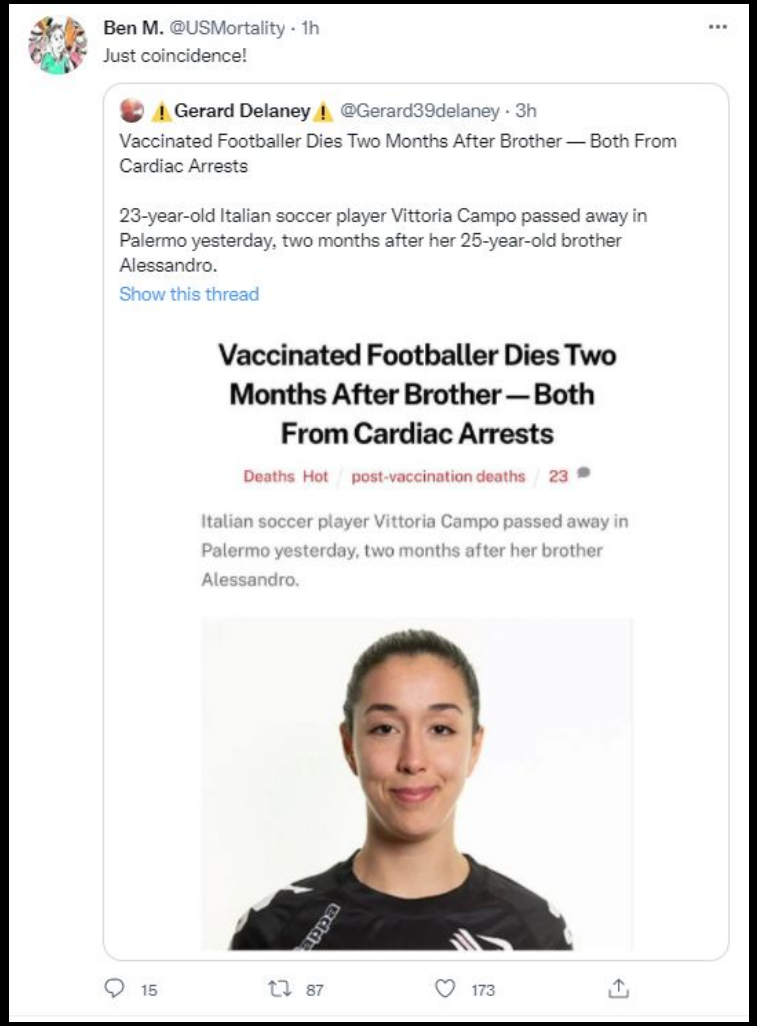


THESE ARE ALL IMPOSSIBLE

...if the vaccines are perfectly safe.

$p<10^{-99}$

(i.e., it can't happen by chance)



The CDC is lying about “no deaths caused by the vaccines.”

Peter Schirmacher, one of the world’s top pathologists, looked at 40 people who died within 2 weeks after vaccination. He found that at least 30% to 40% of the deaths were caused by the vaccine. His work was later validated by other German pathologists.

How can the CDC find 0 deaths in over 18,000 cases worldwide?!?

August 1, 2021, 9:53 a.m. Science - Heidelberg

Chief pathologist insists on more autopsies of vaccinated people

Peter Schirmacher, Managing Director of the Pathological Institute at Heidelberg University Hospital. Photo: Uli Deck / dpa (Photo: dpa)

Why didn't the highly unusual causes of deaths in these 14 kids raise any red flags in the CDC 12-17 safety study?

12 of 14 deaths were "excess." What caused them?

The vaccine of course, but they couldn't say that.

CDC Centers for Disease Control and Prevention

Morbidity and Mortality Weekly Report (*MMWR*)

COVID-19 Vaccine Safety in Adolescents Aged 12–17 Years — United States, December 14, 2020–July 16, 2021

Weekly / August 6, 2021 / 70(31);1053-1058

CDC reviewed 14 reports of death after vaccination. Among the decedents, four were aged 12–15 years and 10 were aged 16–17 years. All death reports were reviewed by CDC physicians; impressions regarding cause of death were pulmonary embolism (two), suicide (two), intracranial hemorrhage (two), heart failure (one), hemophagocytic lymphohistiocytosis and disseminated *Mycobacterium chelonae* infection (one), and unknown or pending further records (six).

1 in 317 boys (16-17) will get myocarditis from the vaccine.

41X higher than they claimed

(in order to save ~1 in a million kids from dying from COVID)

Reporting rates of myopericarditis (per million doses administered), by manufacturer, sex, and dose number, 7-day risk period* (as of Aug 18, 2021)

	Pfizer		Moderna		Janssen	Pfizer		Moderna		Janssen	Pfizer		Moderna		Janssen
	(All)		(All)		(All)	(Males)		(Males)		(Males)	(Females)		(Females)		(Females)
Ages† (yrs)	Dose 1	Dose 2	Dose 1	Dose 2	Dose 1	Dose 1	Dose 2	Dose 1	Dose 2	Dose 1	Dose 1	Dose 2	Dose 1	Dose 2	Dose 1
12–15	2.6	20.9	0.0	not calc.	0.0	4.8	42.6	0.0	not calc.	0.0	0.5	4.3	0.0	0.0	0.0
16–17	2.5	34.0	0.0	14.6	0.0	5.2	71.5	0.0	31.2	0.0	0.0	8.1	0.0	0.0	0.0
18–24	1.1	18.5	2.7	20.2	2.7	2.4	37.1	5.1	37.7	3.0	0.0	2.6	0.7	5.3	1.6
25–29	1.0	7.2	1.7	10.3	1.9	1.8	11.1	3.2	14.9	2.0	0.3	1.3	0.4	6.3	0.0
30–39	0.8	3.4	1.0	4.2	0.4	1.1	6.8	1.6	8.0	0.0	0.6	1.0	0.4	0.7	1.0
40–49	0.4	2.8	0.5	3.2	1.2	0.7	4.4	0.6	4.6	2.2	0.1	1.8	0.4	2.1	0.0
50–64	0.2	0.5	0.6	0.8	0.2	0.2	0.5	0.4	1.0	0.0	0.3	0.8	0.8	0.7	0.5
65+	0.2	0.3	0.2	0.3	1.0	0.2	0.4	0.4	0.4	1.0	0.2	0.4	0.1	0.2	0.9

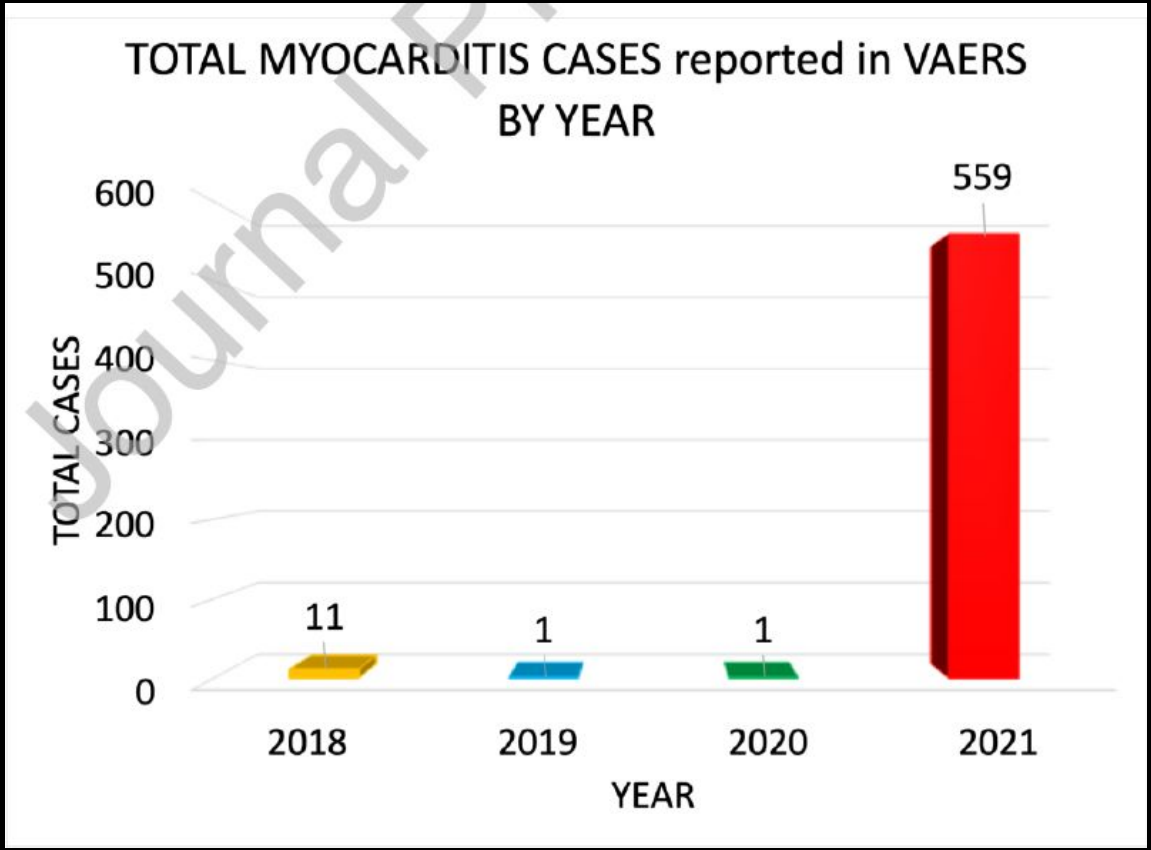
* Reports with time to symptom onset within 7 days of vaccination
† Reports among persons 12–29 years of age were verified by provider interview of medical record review

13

Note:
Two dose calc: 1000000/((5.2+71.5)*41)=317 (note 41 is the URF even though the FDA and CDC refuse to calculate the value). See calculation here.

Reference: John Su, Safety update for COVID-19 vaccines: VAERS

Is this what you mean by a "slightly elevated" risk of myocarditis?



From the Rose paper that the publisher unethically censored.
Can you see now why it was censored?

If it wasn't the vaccine, how do you explain this?

14 years in ER and ICU.

7 days after the vax available to 5-11 on Nov 10!

Deadly even at ⅓ the dose!

I wonder why babies are dying in Scotland?

If it wasn't the vaccine, how do you explain all these deaths from pulmonary haemorrhage for new born babies? This is a vaccine symptom!

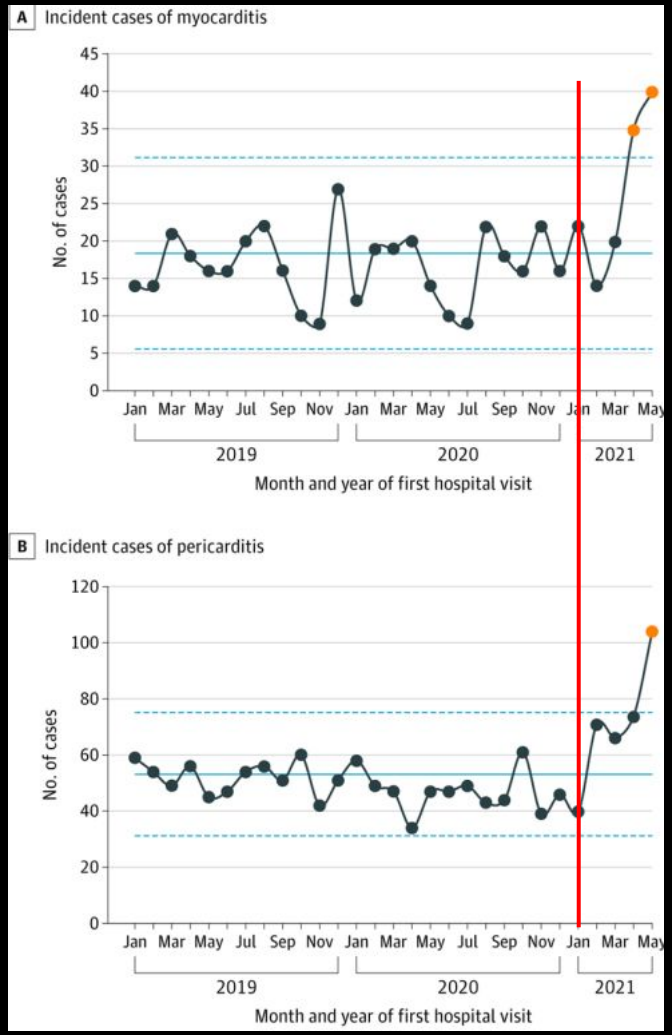
100X more myocarditis after the vax
(exactly the *opposite* of what the committees believe)

Ely Writes The Truth Patrol · 22 hr ago

I just heard from a cardiologist who stated that since the vaccine rollout, he has seen a 100X increase in cases of myocarditis or pericarditis. These monsters (big pharma, politicians and MSM) are killing people. Totally unconscionable to suppress this information, all for a vaccine that doesn't work.

♡ 4 Reply •••

UK numbers clearly show more myocarditis cases after vaccine rollout



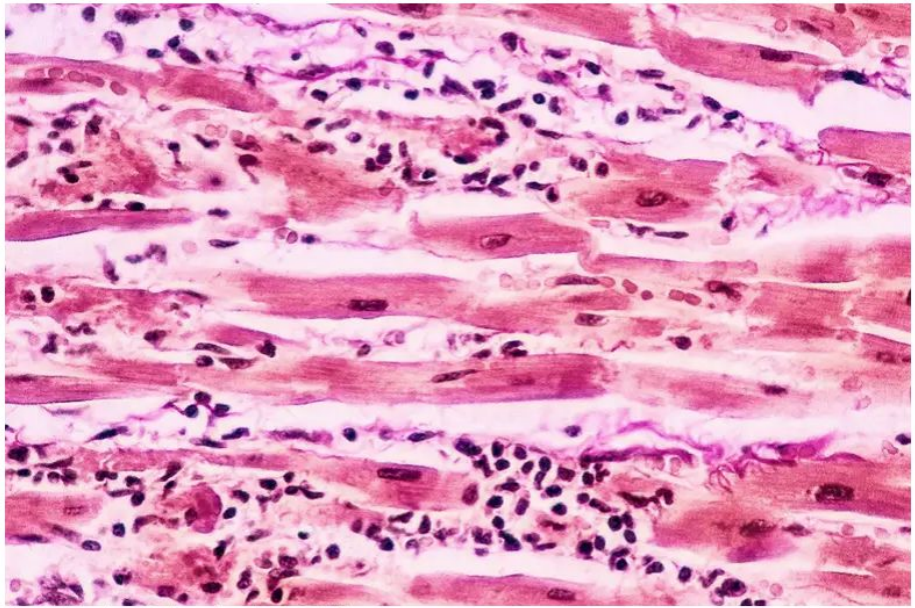
So why do physicians think it is the reverse?!?

Because of articles like this one which completely fail to take into account that VAERS is under-reported by >41X

Myocarditis is more common after covid-19 infection than vaccination

HEALTH 4 August 2021

By Clare Wilson



Myocarditis involves the inflammation of heart muscle tissue
Nature's Faces/Science Source/Science Photo Library

The reality

Myocarditis is >7X higher from the vaccine (=3157/450)

	Rate per 1M (infections or vaccinations)	Notes
COVID rate	450	Papers quote this for COVID.
# VAERS reports	77	Papers erroneously use the unadjusted counts (raw counts).
Estimated VAERS rate	3157	Actual event rate for vaccine (URF=41)

This table explains why: 1) cardiologists observe higher cases this year; 2) hospitals are increasing staffing in cardio and 3) the people who claim the reverse are always citing papers instead of cardiologists with patients

Damages DNA repair → increases risk of cancer

"Our findings… underscore the potential side effects of full-length spike-based vaccines."

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Journal List > Viruses > v.13(10); 2021 Oct > PMC8538446

viruses MDPI

Viruses. 2021 Oct; 13(10): 2056.
Published online 2021 Oct 13. doi: 10.3390/v13102056

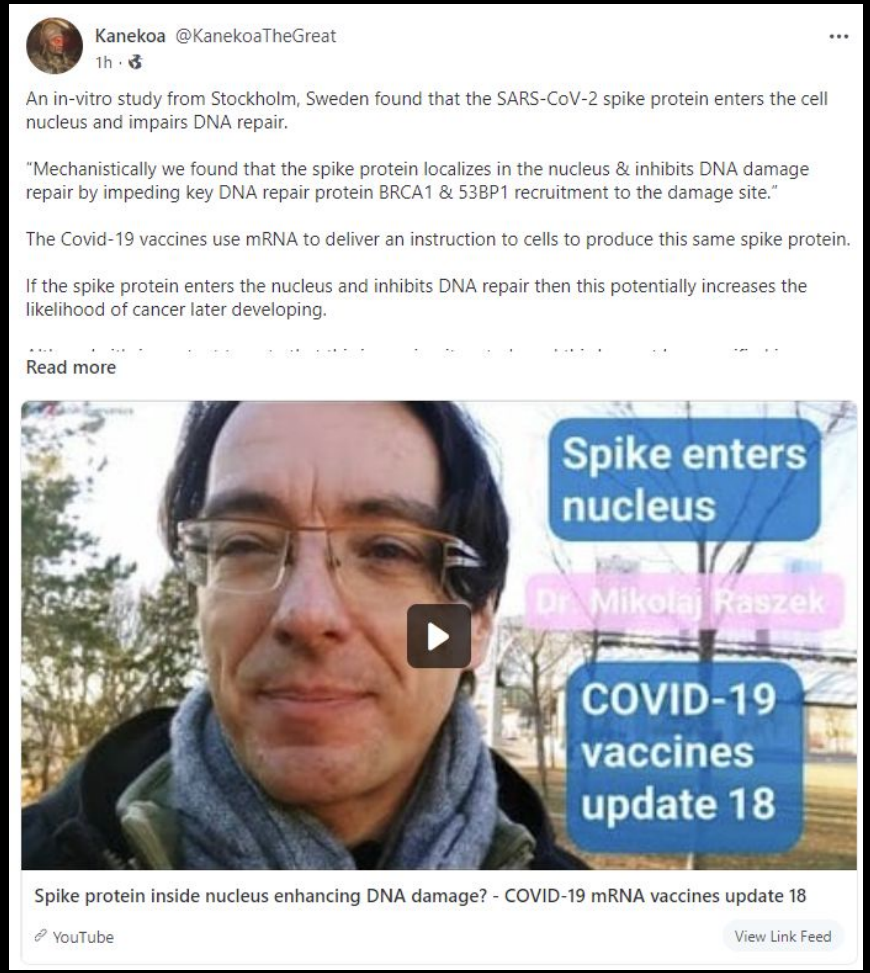
PMCID: PMC8538446
PMID: 34696485

SARS–CoV–2 Spike Impairs DNA Damage Repair and Inhibits V(D)J Recombination In Vitro

Hui Jiang[1,2,*] and Ya-Fang Mei[2,*]

Oliver Schildgen, Academic Editor

Author information · Article notes · Copyright and License information Disclaimer


Kanekoa @KanekoaTheGreat
1h

An in-vitro study from Stockholm, Sweden found that the SARS-CoV-2 spike protein enters the cell nucleus and impairs DNA repair.

"Mechanistically we found that the spike protein localizes in the nucleus & inhibits DNA damage repair by impeding key DNA repair protein BRCA1 & 53BP1 recruitment to the damage site."

The Covid-19 vaccines use mRNA to deliver an instruction to cells to produce this same spike protein.

If the spike protein enters the nucleus and inhibits DNA repair then this potentially increases the likelihood of cancer later developing.

Read more

Spike protein inside nucleus enhancing DNA damage? - COVID-19 mRNA vaccines update 18

YouTube

View Link Feed

Should we ignore this data that the vaccines may be damaging us for life?

Solonsax @Solonsax · 13m

@stkirsch We are actually seeing major COVID hospitalizations, ICU admissions, and deaths in the UK among the fully vaccinated. This is a huge problem and this may be an AMVE/ADE issue. A virologist's worst nightmare. An enhancing antibody need not be present and this nuance must be factored into this discussion. The greatest deficit is that caused by Th 2 shifting away from CD 8+ cytotoxic natural killer cellular response to the local infection, which is necessarily induced, regardless of what type of Ab gets produced. The jab is injecting unhelpful antibodies that are confusing natural immunity, potentially for life.

assets.publishing.service.gov.uk/government/u...

gov.uk/government/publications/covid-19-vacci...

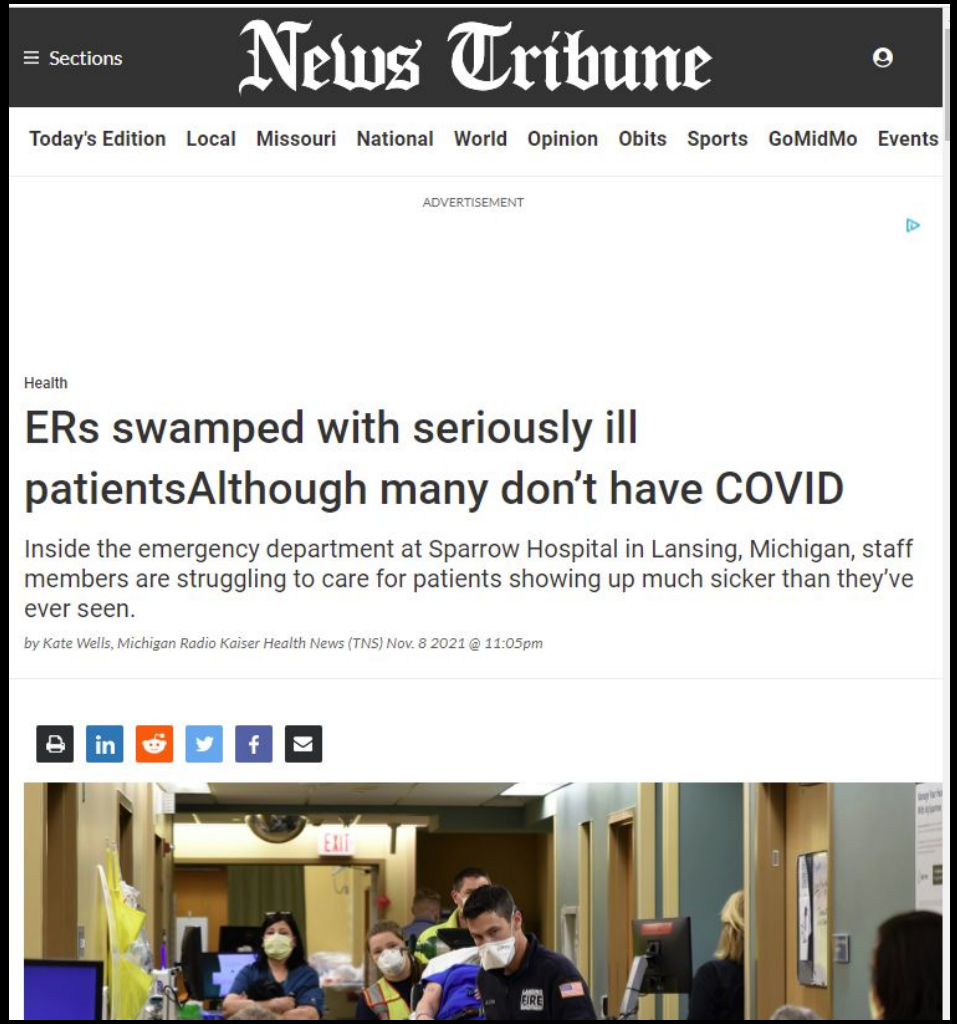
uk.news.yahoo.com/thousands-of-fully-vaxxed-o...

irishtimes.com/news/health/waterford-city-dis...

Like Reply Repost ···

Hospitals are seeing more strokes and heart attacks

“Meanwhile, there has been an increase in people coming to the ER with more serious conditions, like strokes and heart attacks.”



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Health

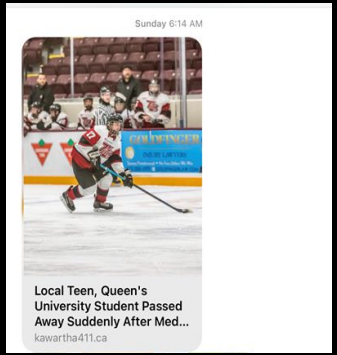
ERs swamped with seriously ill patientsAlthough many don’t have COVID

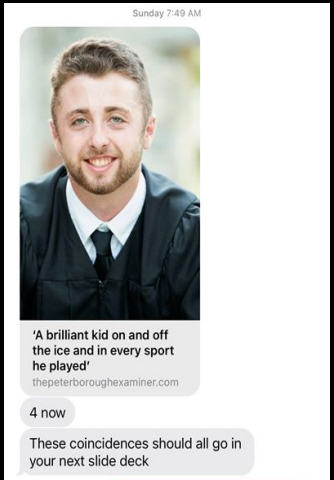
Inside the emergency department at Sparrow Hospital in Lansing, Michigan, staff members are struggling to care for patients showing up much sicker than they’ve ever seen.

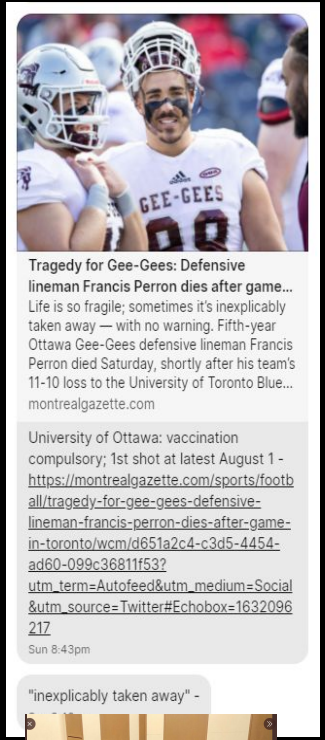
by Kate Wells, Michigan Radio Kaiser Health News (TNS) Nov. 8 2021 @ 11:05pm

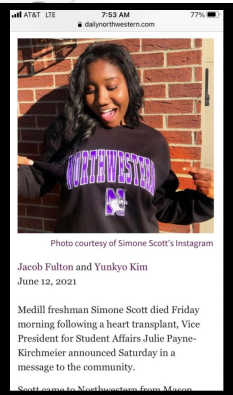
Why are kids **dropping like flies** right after getting vaccinated?

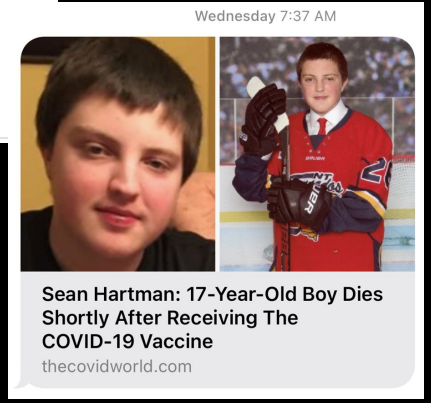
If they didn't die from the vaccine, then **what killed all these kids?**











Adults are dying “unexpectedly” of “unknown causes”

Four area teachers die days apart
wcpo.com

4 teachers died suddenly of “unknown causes” in Cincinnati area within 1 week of each other last week

3 Cleveland-Area Judges Die "Unexpectedly" Weeks Before Jab-or-Job Deadline
conservativebusinessjournal.com

iMessage

Hospitals are preparing for a rapid rise in cardiac cases

Nurse Sarah @JustNurseSarah · 13h

I was just informed our CCU Dept will be adding 55-65 new staff (Cardiologists, NPs, PAs, RNs, Techs, Aides, RTs) in the next 4-6 months. When asked why, the response was, "Due to a forecasted rapid need in cardiac patient care". Um, OK.... We can all read between the lines.

418 7.4K 13.3K

The only child of Ernest Ramirez was killed by the Pfizer vaccine on April 24, just 5 days after his first dose according to one of the world's top cardiologists.

The CDC hasn't called him back yet (7 months later).

Replying to @stkirsch

Here is the grieving father's story 😢💔

Truth Justice @LakovosJustice · Nov 13

Autopsy confirmed the death of this healthy 16 year old boy was caused by the Pfizer 1st dose. His heart was double in size just 5 days after the first shot due to Myocarditis "inflammation of the heart" a known side effect of this dangerous jab. Mandates will kill more children.

Another child paralysis…

You just never hear these stories since never covered by the press.

It doesn't mean it isn't happening.

Angie Poore-ellison
September 30 ·

Needing prayers for our precious granddaughter Ella . After taking her second Covid vaccine she laid down to take a nap and woke up with no feeling in her lower body at all and no reflexes. This is such a very very serious situation and so frightening. Please pray for her - we need prayers and pray for Sam and Lisa . She is in Children's hospital in OKC . Today will be MRI and a Spinal tap . Hopefully some answers to all this soon - we pray . 🙏🙏🙏

Deaths of teenage boys up 63%

How do they explain these headlines?!?

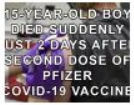
Investigation: Deaths among Teenage Boys have increased by 63% in the UK since they started getting the Covid-19 Vaccine according to ONS data

BY THE EXPOSÉ ON OCTOBER 4, 2021 • (38 COMMENTS)

An investigation of official ONS data has revealed that since the Covid-19 vaccine was offered and administered to teenagers in England and Wales there has been a 63% rise in deaths among […]

15-Year-Old Boy Died Suddenly Just 2 Days After Second Dose of Pfizer Covid-19 Vaccine

BY CAPTAINDARETOFLY ON OCTOBER 8, 2021 • (3 COMMENTS)



A 15-year-old boy in Sonoma County, California, died suddenly just two days after he received his second does of the Pfizer Covid-19 vaccine. The boy, who was otherwise healthy, was found completely […]

The UK has Fallen – 81% of Covid-19 deaths are among the Vaccinated, Male Teen Deaths have rised by 63% since they were offered the jab, Covid-19 Deaths are 12 times higher than this time last year…

BY THE EXPOSÉ ON OCTOBER 5, 2021 • (20 COMMENTS)

Are you aware that Australia is currently in the grip of dictatorial tyranny due to a handful of Covid-19 deaths occurring every day? What's happening in that country has absolutely nothing to […]

If these vaccines are so safe...

then why do they need the liability protection?!?!

Efficacy

Latest research suggests zero efficacy

From Mathew Crawford's [These Vaccines are Ineffective]

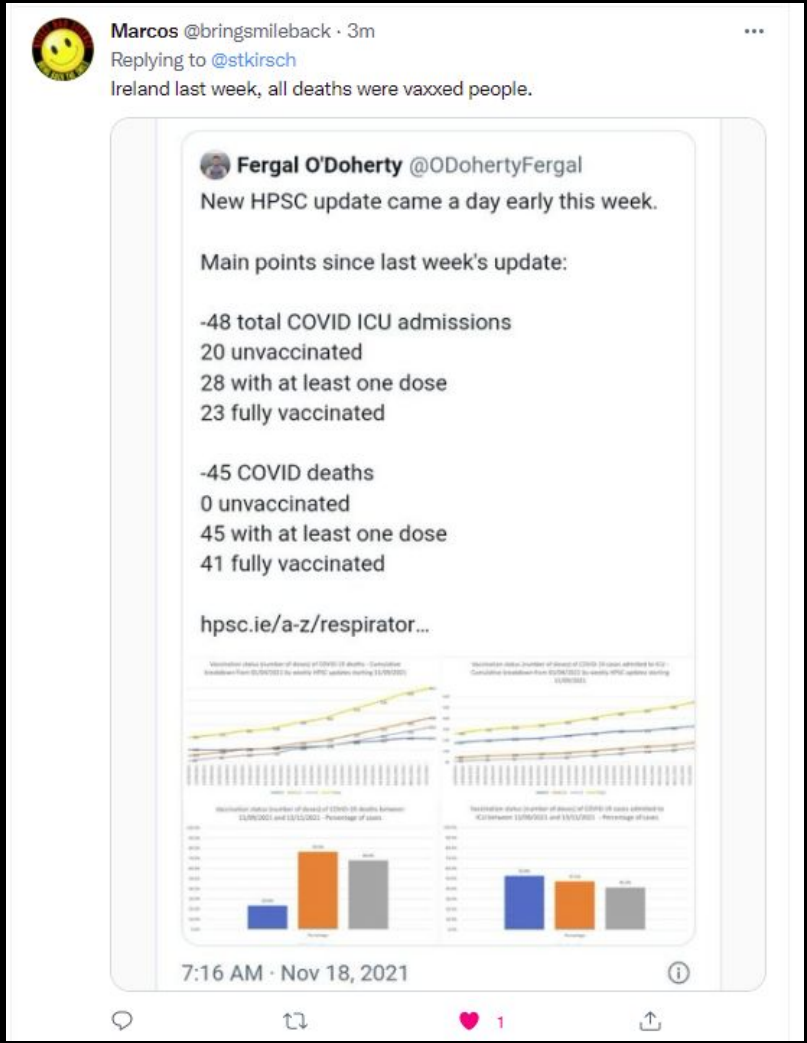
Note that I'm not the only person who has come to the "basically zero efficacy" conclusion. Professor Norman Fenton has reached this point from a different angle.

Share

Ireland latest numbers

Vaccination makes you *more* likely to die if you get COVID.

Ireland numbers:
58% ICU vaxxed
100% dead vaxxed



Vaccination is useless.
When are we going to figure this out?!?

The team is 100% vaccinated and it made no difference.

Half the team was likely naturally immune already.

THE WALL STREET JOURNAL. AA

NHL

The Ottawa Senators Have a 100% Vaccination Rate—and 40% of the Team Has Tested Positive for Covid

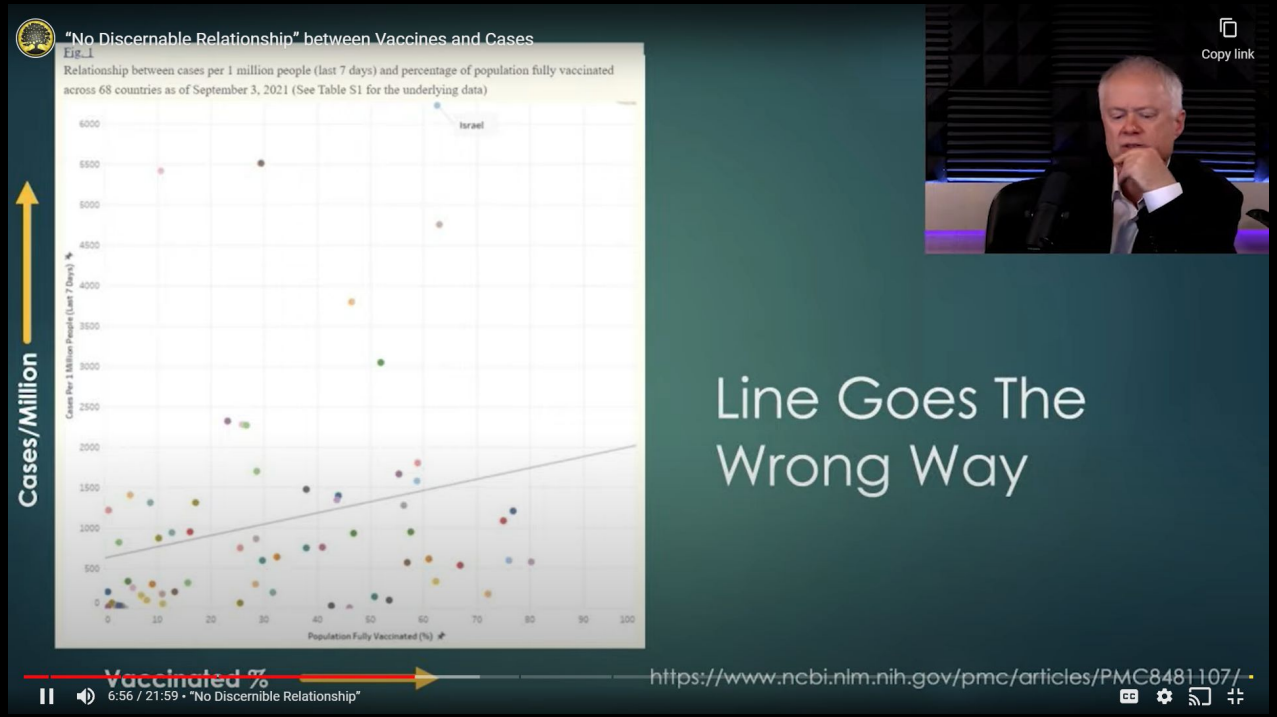
The sidelining of an NHL team this week shows that, while vaccination rates are high, indoor, maskless activities can still lead to an outbreak

The line is supposed to slope the other way!

Data is from 68 countries and 2,947 American counties

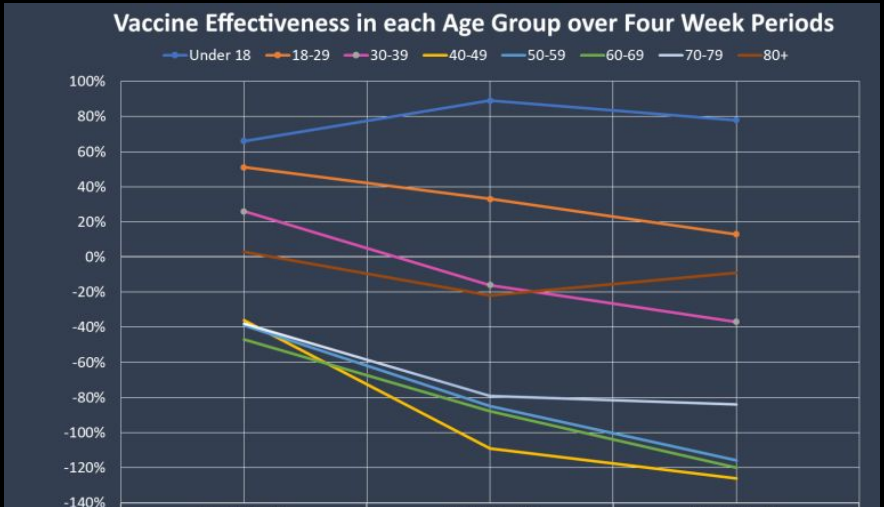
The vaccines do not work.

They are making things worse, not better.

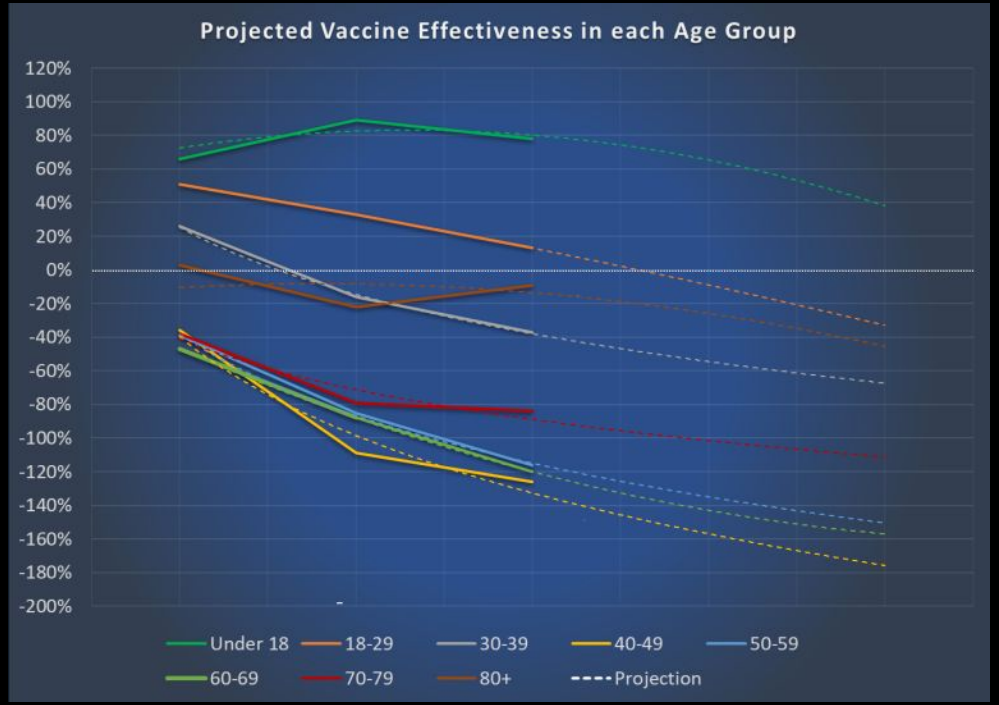


Source: [“No Discernable Relationship” between Vaccines and Cases]

Negative VE (UK government data on vaccine efficacy (VE)). It makes things **worse**.



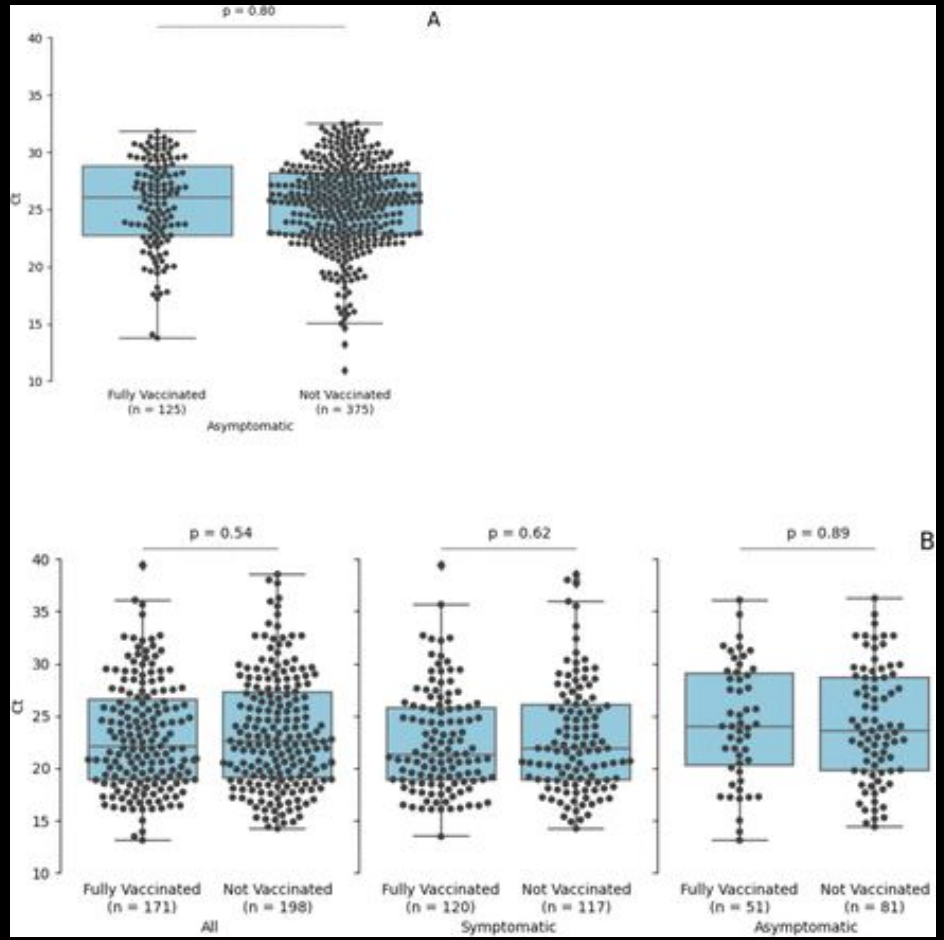
	Week 33 - 36	Week 37 - 40	Week 41 - 44
Under 18	66%	89%	78%
18-29	51%	33%	13%
30-39	26%	-16%	-37%
40-49	-36%	-109%	-126%
50-59	-39%	-85%	-116%
60-69	-47%	-88%	-120%
70-79	-38%	-79%	-84%
80+	3%	-22%	-9%



Vaccine makes absolutely no difference

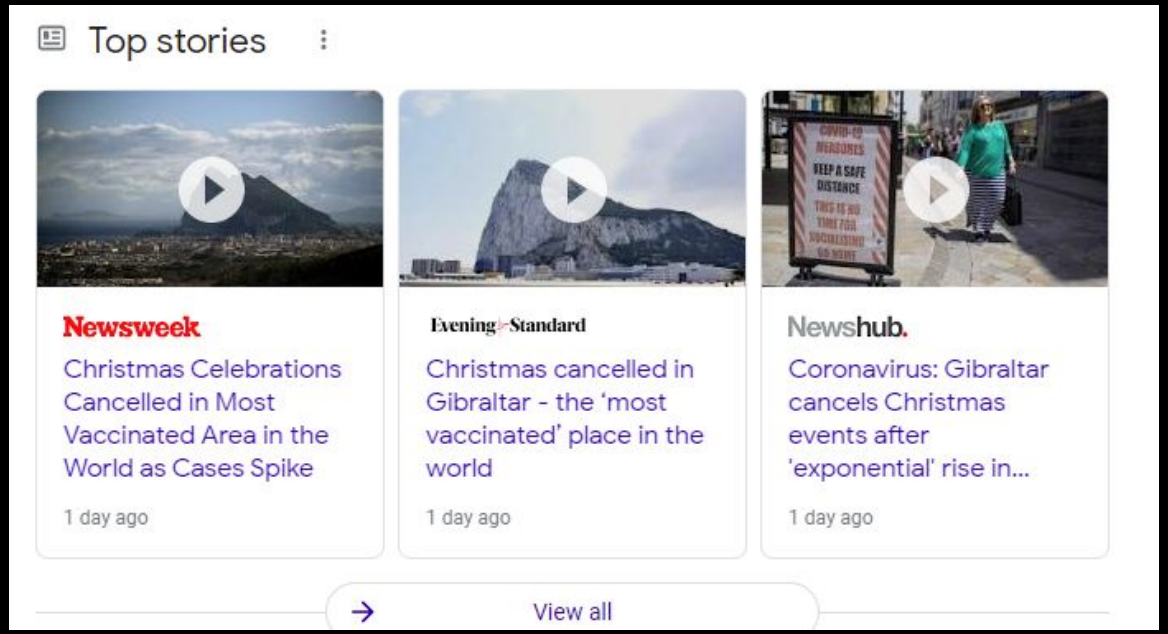
UCSF/UC Davis PCR study

The whole point of vaccination is that it lowers the viral load. That's the mechanism of action. If the viral loads are the same on both types of patients, there cannot be a benefit unless it is happening via a new, unknown mechanism.



How can they cancel Christmas in Gibraltar?!?

The vaccination rate there is >118% (they vaccinate all visitors).



Masks

Face mask historical timeline

Prior to COVID

For decades, studies have shown that face masks don't work against respiratory virus epidemics.

2020

March 8: Fauci says masks don't work (interview on *60 Minutes*). "People should not be walking around with masks."

April 3: The CDC issued guidance recommending that non-medical face coverings be worn in public.

May: CDC publishes paper showing masks don't work in either direction.

May 27: Interview with CNN, Fauci urged Americans to wear face masks in public

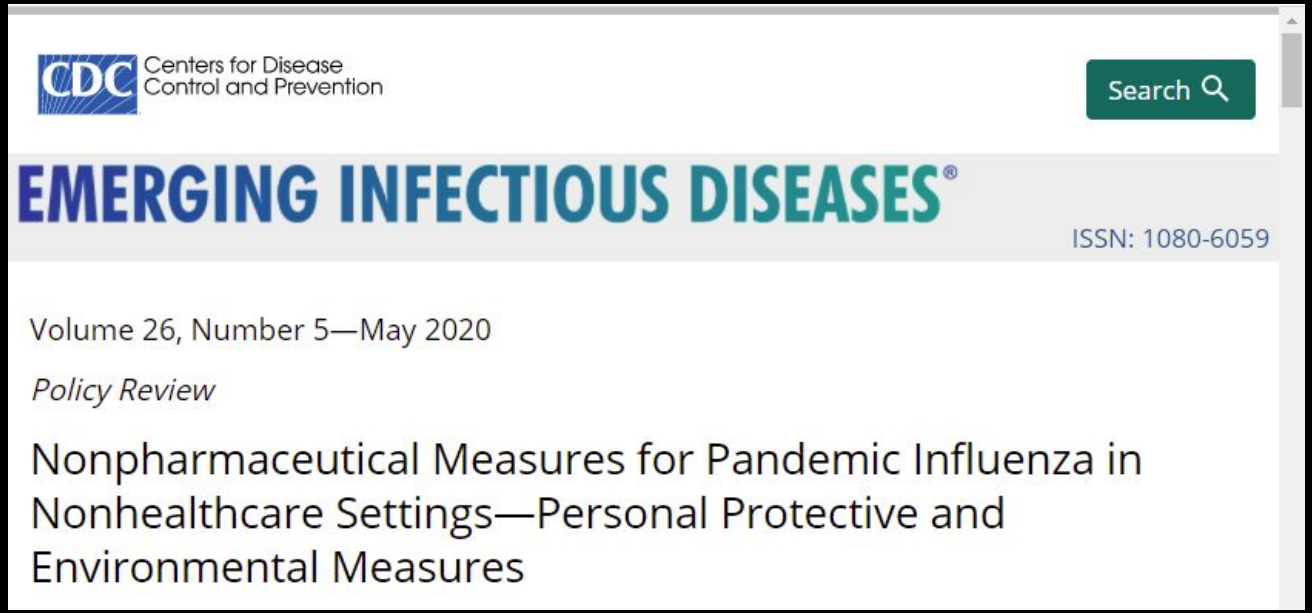
Sept 16: Dr. Redfield, CDC head, says "if we wear masks for 12 weeks, we'd bring this pandemic under control." He said that face masks are more effective than a vaccine.

2021

Jan 20: Biden signs order requiring face masks to be used.

CDC: Masks don’t work in EITHER direction

"We did not find evidence that surgical-type face masks are effective in reducing laboratory-confirmed influenza transmission, either when worn by infected persons (source control) or by persons in the general community to reduce their susceptibility."



CDC Centers for Disease Control and Prevention

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EMERGING INFECTIOUS DISEASES®

ISSN: 1080-6059

Volume 26, Number 5—May 2020

Policy Review

Nonpharmaceutical Measures for Pandemic Influenza in Nonhealthcare Settings—Personal Protective and Environmental Measures

129,000,000,000 (billion) masks per month [1]

3,000,000 (million) masks per minute [1]

"It's just a mask"

@birb_k

96 unique pathogens found on used children's masks [2]

47 studies: masks ineffective at stopping COVID [3]

32 studies: negative health effects of mask wearing [3]

7 mask polymers including inhalable nano particles [4]

71% case patients 'had always been wearing masks' [5]

1 Science News, Mar 10, 2021, Danish Study: "Face masks and the environment: Preventing the next plastic problem"
2 Rational Ground, Jun 6, 2021, Laboratory Analysis: "Dangerous pathogens found on children's face masks"
3 LifeSite News, Jul 23, 2021, "47 studies confirm ineffectiveness of masks for COVID and 32 more confirm their negative health effects"
4 Elsevier, Oct 1, 2020, Study: "Covid-19 face masks: A potential source of microplastic fibers in the environment"
5 The Federalist Oct 12, 2020, "CDC Study Finds Overwhelming Majority of People Getting Coronavirus Wore Masks"

Mandates

Are COVID vaccines effective and safe?

YES

NO

Then vaccine mandates are pointless

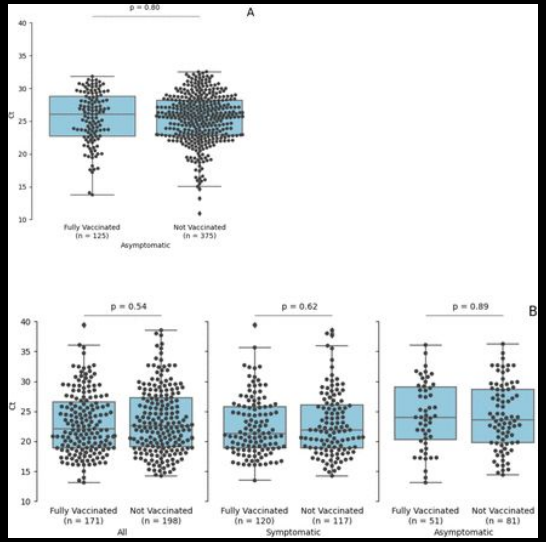
Mandates Have Nothing To Do With Public Health
Copy link
THIS DATA SAYS MANDATES MAY BE POINTLESS
EPISODE: 034
OUR STAFF, GUESTS, AND COMMUNITY...
NO VAX NO SERVICE
Watch on YouTube

COVID vaccine mandates are necessary because the protected need to be protected from the unprotected by forcing the unprotected to use the protection that didn't protect the protected.

Considering a mandate? Take 10 minutes to read this remarkable speech first.

"I have no doubt that COVID-19 is the greatest threat to humanity we have ever faced; not because of a virus; … **but because of our response to it**."

Why are we mandating a vaccine that is unsafe and ineffective?!?



Why COVID vaccine mandates are completely nonsensical

A short proof based on a new UC Davis/UCSF study showing the viral loads of the vaccinated and unvaccinated are identical.

Steve Kirsch

Nov 11 ♡ 202 ◯ 74

Recovered immunity

CDC admits
Recovered can’t spread the virus

CDC Admits Crushing Rights of Naturally Immune Without Proof They Transmit the Virus

After formal demand, the CDC concedes it does not have proof of a single instance of a naturally immune individual spreading the virus.

Aaron Siri

Nov 11 363 261

New Harvard study confirms the CDC admission: recovered can’t spread the virus. 0 cases.

New Harvard HCW study shows recovered immunity is far stronger than vaccine protection

None of the patients followed

Steve Kirsch
19 hr ago 132 35

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Continued Effectiveness of COVID-19 Vaccination among Urban Healthcare Workers during Delta Variant Predominance

Early treatments

Dr. George Fareed

If you treat early with a combinations of drugs such as the Fareed-Tyson protocol you can

reduce hospitalization by 99.76% and death by nearly 100%

for all variants with no risk of death or disability. NIH totally ignores this.

Just taking **aspirin** after getting sick reduces your chance of being hospitalized by over 40%

NEWSLETTER

MEDICAL NEWS TODAY

After these adjustments, aspirin use was associated with a 43% reduced risk of intensive care unit admission, a 44% reduced risk of mechanical ventilation, and a 47% reduced risk of dying in the hospital.

Fluvoxamine alone

has far greater death benefit than any of the vaccines

Reduces risk of death by 92%... Turns COVID into the flu.

By contrast, Pfizer's own study showed only a 50% death benefit. Fluvoxamine is 6X better.

But they don’t
want you to know
any of that

Because they need
you to believe that

mass vaccination is the **ONLY** way out

This is why doctors look the other way at the data.

They truly believe the vaccine is the only way out because they trust the CDC.

Early treatment benefits

No masking
No social distancing
No more lockdowns
No more mandates
Broader immunity
Herd immunity

Early treatment benefits

1. Higher relative risk reduction for all variants (over 99%)
2. Simple prophylaxis protocols be used to prevent infection with up to 100% success without the use of any drugs whatsoever
3. Greater safety (minor temporary side effects, known safety profile)
4. They lower both all-cause mortality and all-cause morbidity
5. They work equally well on all variants
6. They do not promote escape variants
7. They do not cause vaccine enhanced infectivity/replication
8. They do not risk original antigenic sin (linked-epitope suppression)
9. They do not cause prion diseases
10. They prevent long-haul COVID syndrome nearly 100% of the time
11. They enable people to acquire recovered immunity which is up to 27X stronger and more durable than vaccine-induced immunity

A Day with the Experts - Community COVID-19 Conference

NOVEMBER 20TH, 2021 | NOON - 6PM (EASTERN)

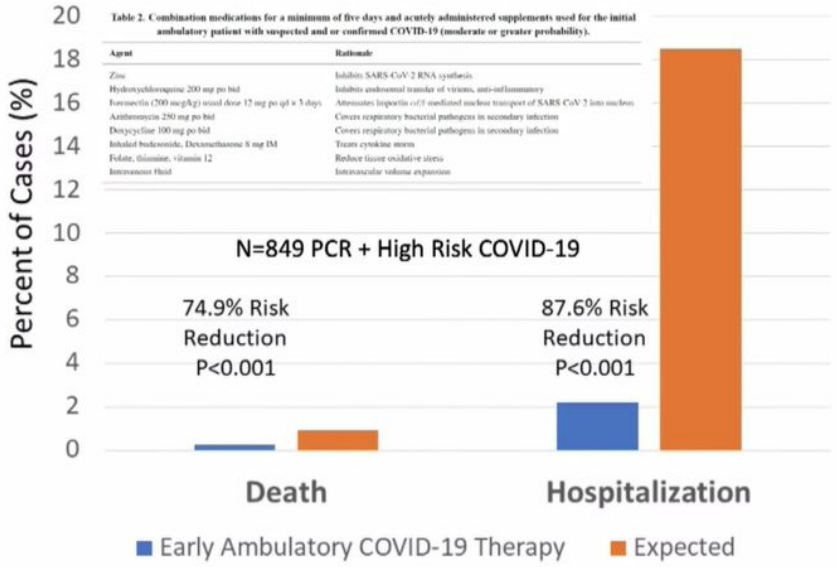
Tap To Unmute

Early Ambulatory Multidrug Therapy Reduces Hospitalization and Death in High-Risk Patients with SARS-CoV-2 (COVID-19)

Brian Procter[1], Casey Ross[1], Vaness Pickard[1], Erica Smith[1], Cortney Hanson[1], and Peter A. McCullough[2]

Table 2. Combination medications for a minimum of five days and acutely administered supplements used for the initial ambulatory patient with suspected and or confirmed COVID-19 (moderate or greater probability).

Agent	Rationale
Zinc	Inhibits SARS-CoV-2 RNA synthesis
Hydroxychloroquine 200 mg po bid	Inhibits endosomal transfer of virions, anti-inflammatory
Ivermectin (200 mcg/kg) usual dose 12 mg po qd x 5 days	Attenuates importin α/β mediated nuclear transport of SARS CoV 2 into nucleus
Azithromycin 250 mg po bid	Covers respiratory bacterial pathogens in secondary infection
Doxycycline 100 mg po bid	Covers respiratory bacterial pathogens in secondary infection
Inhaled budesonide, Dexamethasone 8 mg IM	Treats cytokine storm
Folate, thiamine, vitamin 12	Reduce tissue oxidative stress
Intravenous fluid	Intravascular volume expansion



Procter BC, Ross C, Pickard V, Smith E, Hanson C, McCullough PA. Clinical outcomes after early ambulatory multidrug therapy for high-risk SARS-CoV-2 (COVID-19) infection. Rev Cardiovasc Med. 2020 Dec 30;21(4):611-614. doi: 10.31083/j.rcm.2020.04.260. PMID: 33388006.

Permanent link to preprint on Authorea: https://doi.org/10.22541/au.161000355.54720791/v1

← Tweet

Massimaux
@masimaux

OK, so what do we have here? Two doctors have treated over 7,000 patients and NOT A SINGLE DEATH if treated within 5-7 days of symptoms.

How? Multidrug regimen based on hydroxychloroquine and ivermectin.

Wait a minute! Didn't Dr. Boulware prove in 2020 that HCQ is ineffective?

Dr. Fareed explained that patients can almost always be saved when they start the early treatment cocktail within the first five to seven days of symptoms.

"We have now treated over 7,000 patients and there has not been a single death in patients treated within the first five to seven days of the onset of symptoms. NOT A SINGLE DEATH. This (series) includes patients with multiple co-morbidities as well as patients in their nineties!"

- Protocol 1 uses of hydroxychloroquine, an agent with antiviral reactivity against SARS-CoV-2, two antibiotics (azithromycin, doxycycline) along with aspirin and a multivitamin pack (including zinc, vitamin C, vitamin D, and others), and with selective use of one or a combination of inhaled budesonide, dexamethasone, prednisone, colchicine or other treatments deemed appropriate.
- Protocol 2 includes all of these options, plus ivermectin where deemed appropriate by physicians.

11:27 AM · Sep 20, 2021 · Twitter Web App

ASK YOURSELF

Have you ever heard of anyone who got treated early with a proven early treatment protocol ever die from COVID?

Dr. George Fareed has treated over 7,000 COVID patients. 0 deaths for anyone who got treated early.

The one thing all the people in the hospital for COVID today have in common is none of them were treated early with a proven early treatment protocol such as the Fareed-Tyson protocol with a 99.76% risk reduction for hospitalization and no deaths or disabilities from the treatment or COVID. It works equally well for all variants.

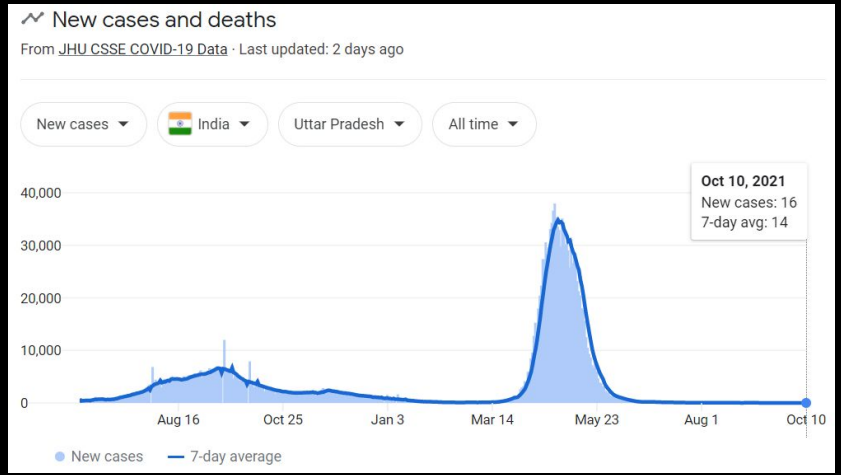
Rochelle Walensky will never say that. They won't call Fareed. Ever.

The rule breakers

Uttar Pradesh is now COVID-free

They used early treatments.

Vaccination rates there are miniscule (now 11%).



Horowitz: Heavily vaccinated state accounts for 65% of India's COVID cases after rejecting ivermectin

DANIEL HOROWITZ | September 17, 2021

Kerala by contrast...

The Indian state of Kerala has 3% of India's population, and 67% of its inhabitants have at least one vaccination. One would expect Kerala's COVID cases to be so low as to be invisible in a chart of India's very low overall cases. Yet this state of just 33 million people accounted for 65% of all of India's cases on Thursday, and even more in recent weeks. It has essentially been the only state experiencing a surge in recent months. It also happens to be the Indian state that has rejected ivermectin.

Source: [Horowitz: Heavily vaccinated state accounts for 65% of India's COVID cases after rejecting ivermectin]

Mandates encourage bad behavior

Aaron Rodgers did exactly the right thing for himself, his team, and for society. He's the model. He contributes to herd immunity. **His teammates do not.**

Mandates require you to vaccinate. But that's the worst possible strategy because then you can spread the virus for life.

The virus is endemic. You are going to get it sooner or later. So there is no benefit to delaying since we have treatments that are 100% effective in keeping you out of the hospital.

If you get naturally infected, **when you recover, you can't spread the virus** which the **CDC was privately forced to admit**.

If we ever want to end the pandemic and get to herd immunity, recovered immunity is exactly what we want and vaccination is exactly the wrong way to get there.

Tampa Bay Times

NEWS / FLORIDA

California's COVID-19 case rate now twice Florida's

By **Tribune News Service**

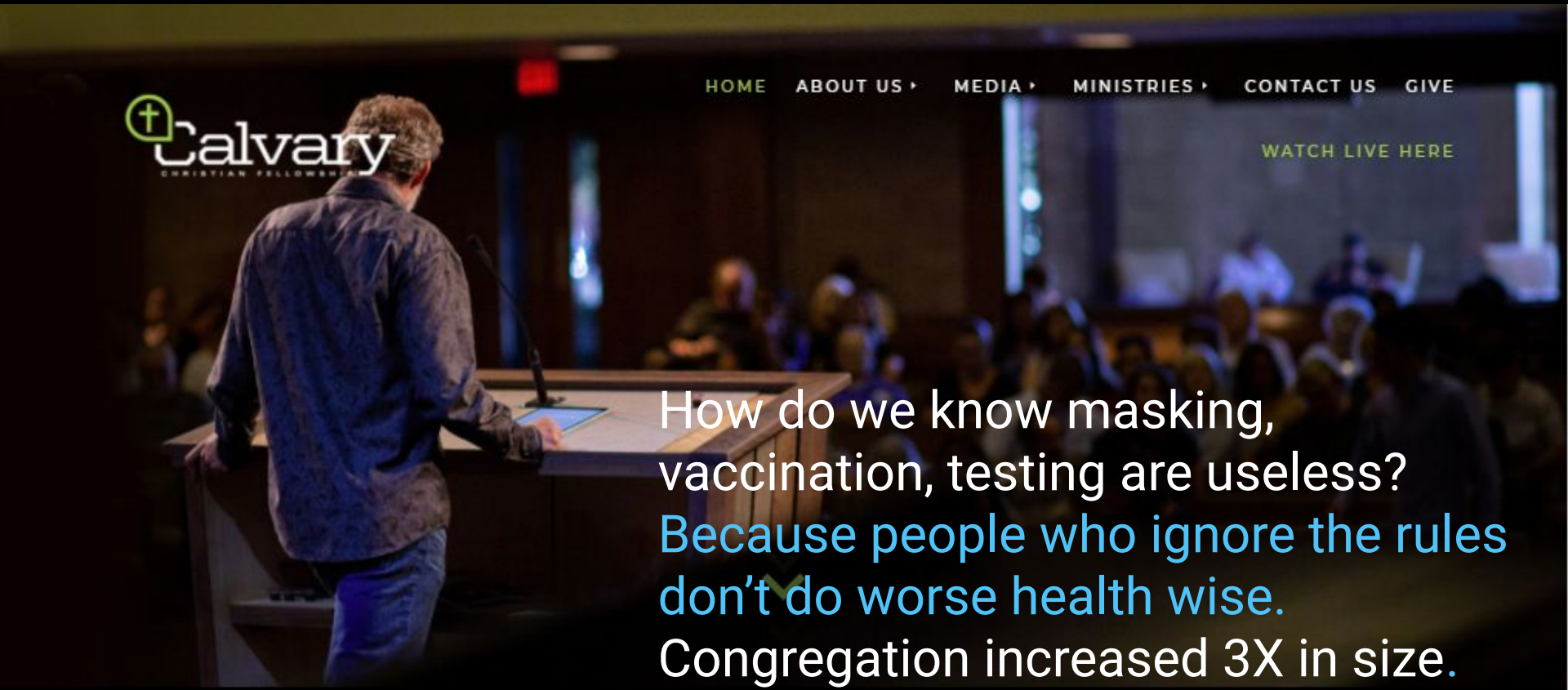
Published Nov. 7

SAN JOSE, Calif. — A month ago, the coronavirus seemed headed for a long winter's nap in masked and well-vaccinated California. Gov. Gavin Newsom boasted that the Golden State "continues to lead the nation" as the only state to reach the Centers for Disease Control and Prevention's yellow "moderate" tier of community virus transmission.

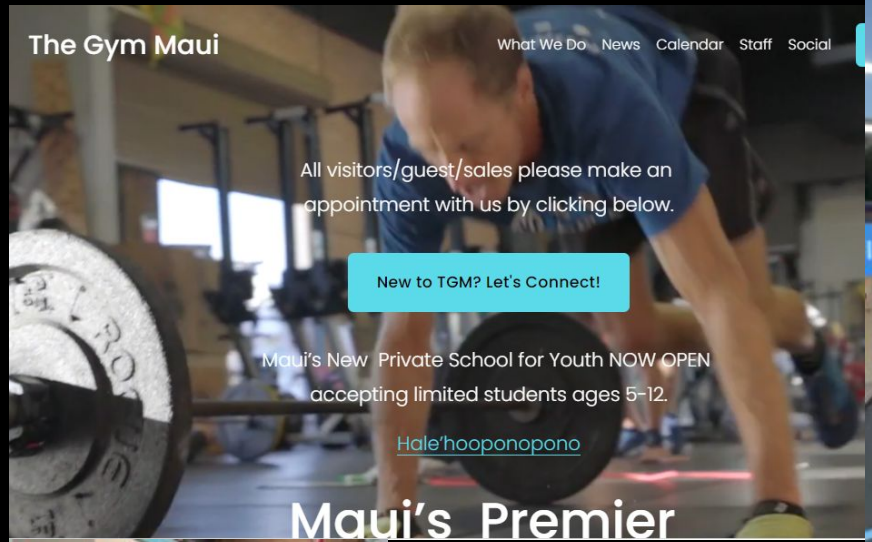
COVID-19 cases are not falling in California anymore. They have climbed back up to the CDC's blood-red "high" level of virus transmission as the highly contagious delta variant continues to wreak havoc.

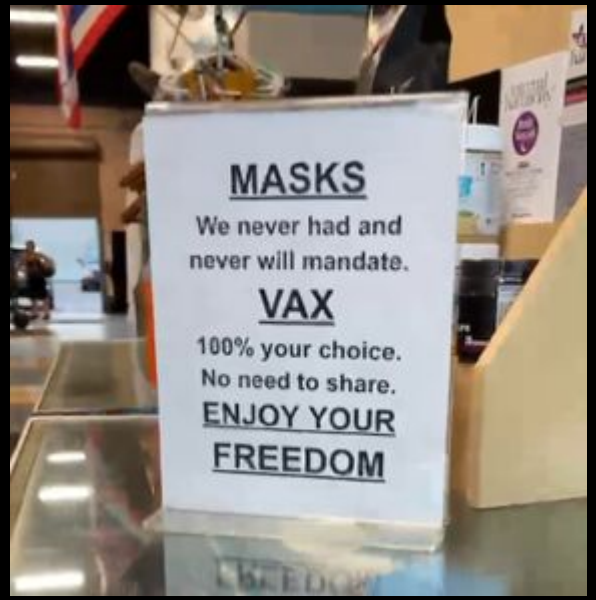
Meanwhile, the virus has gone quiet in Deep South states that abandoned mask orders, opposed vaccine mandates, posted lower vaccination rates and saw larger outbreaks over the summer. California's case rate is now well above Texas' and double Florida's, which along with the rest of the Gulf Coast are down to the CDC's orange "substantial" transmission level.

November 7, 2021



How do we know masking, vaccination, testing are useless?
Because people who ignore the rules don't do worse health wise.
Congregation increased 3X in size.





The Gym Maui tripled membership after ignoring mandates. Nobody left.

Corruption

Health experts are ignoring the elephant in the room

Health experts met today to discuss the uptick in severe cardiac problems and heart attacks in younger people and athletes.

No obvious cause could be identified, though suggestions included "running too fast", "excessive Monster energy drinks", "online hate" and "climate change".

Forced vaccination using a known deadly vaccine is a corrupt. We are next.

AP

Science Technology Business U.S. News World News Politics Entertainment Sports Oddities Lifestyle Healt

Facing surge, Austria will mandate COVID-19 shots, lock down

By EMILY SCHULTHEIS and KIRSTEN GRIESHABER an hour ago

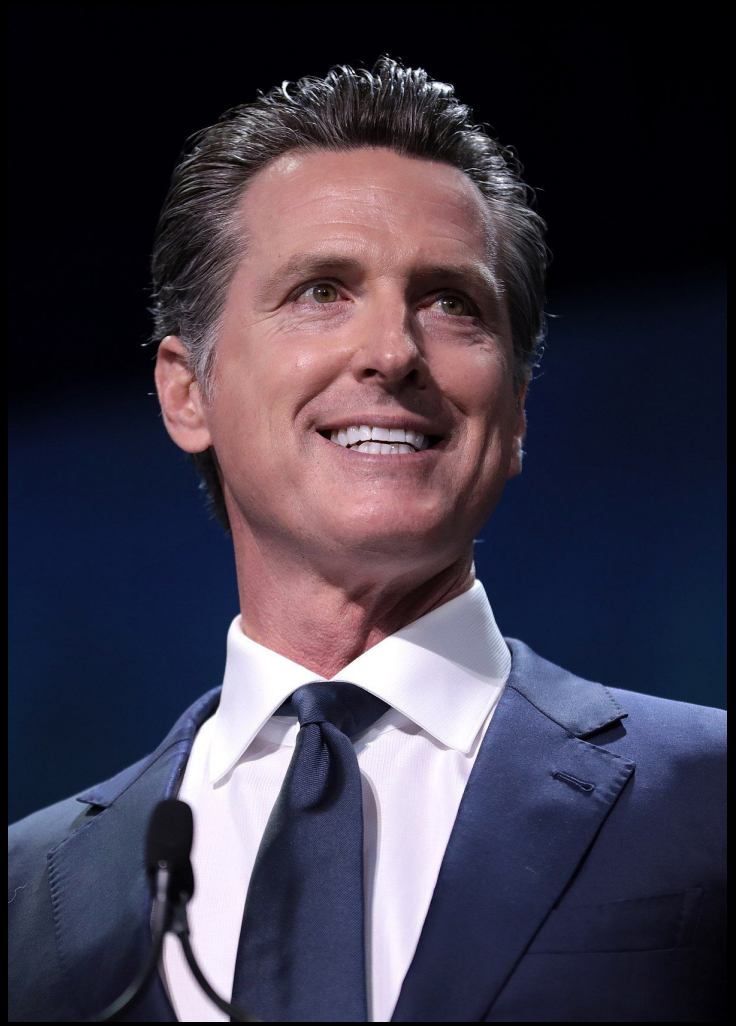
November 19, 2021

California Governor Gavin Newsom

Got booster. Dropped from sight for 12 days after due to GBS. Claimed no injury.

He's lying. I offered him $5M to disclose his vaccine-related medical records or produce a blank paper if he's being honest. No response!

He's mandating that you and your kids get injured too. He won't allow *his* kids to get vaccinated, but he mandates it for *your* kids.

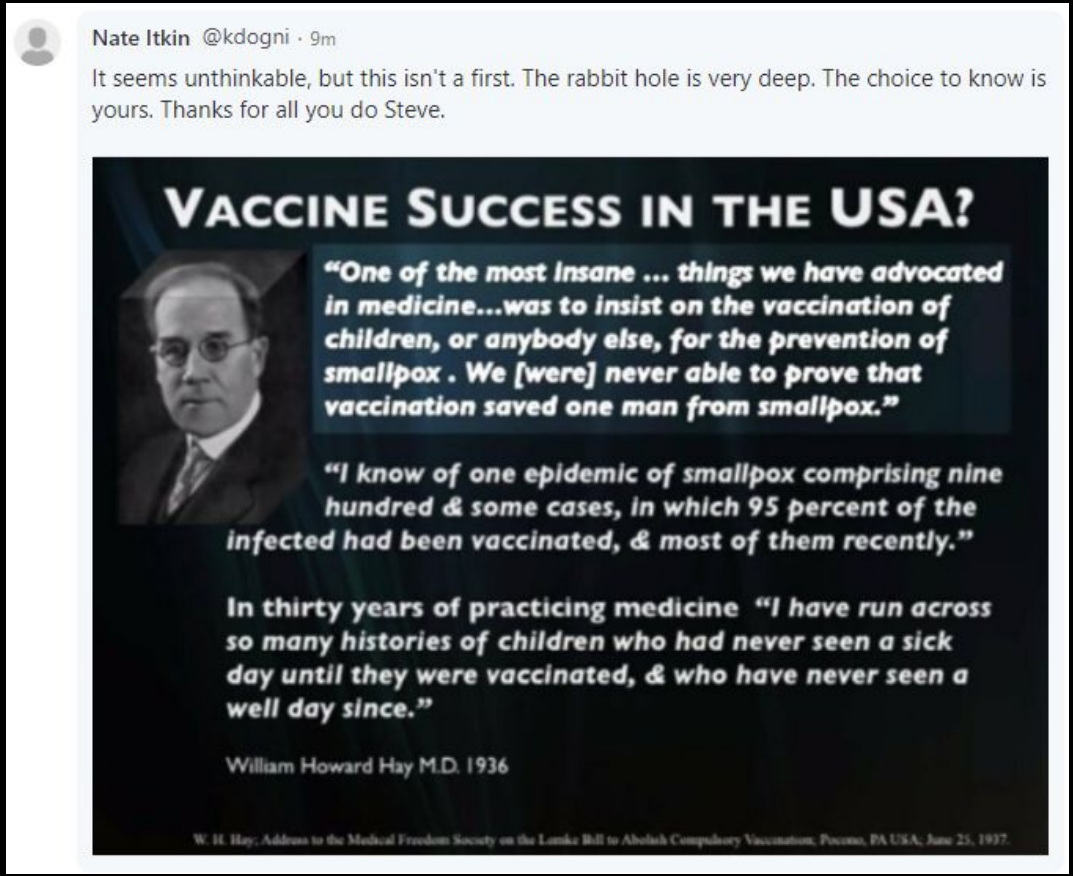


Doctor commits suicide over vax genocide

When was the last time you saw this happening for a safe vaccine?

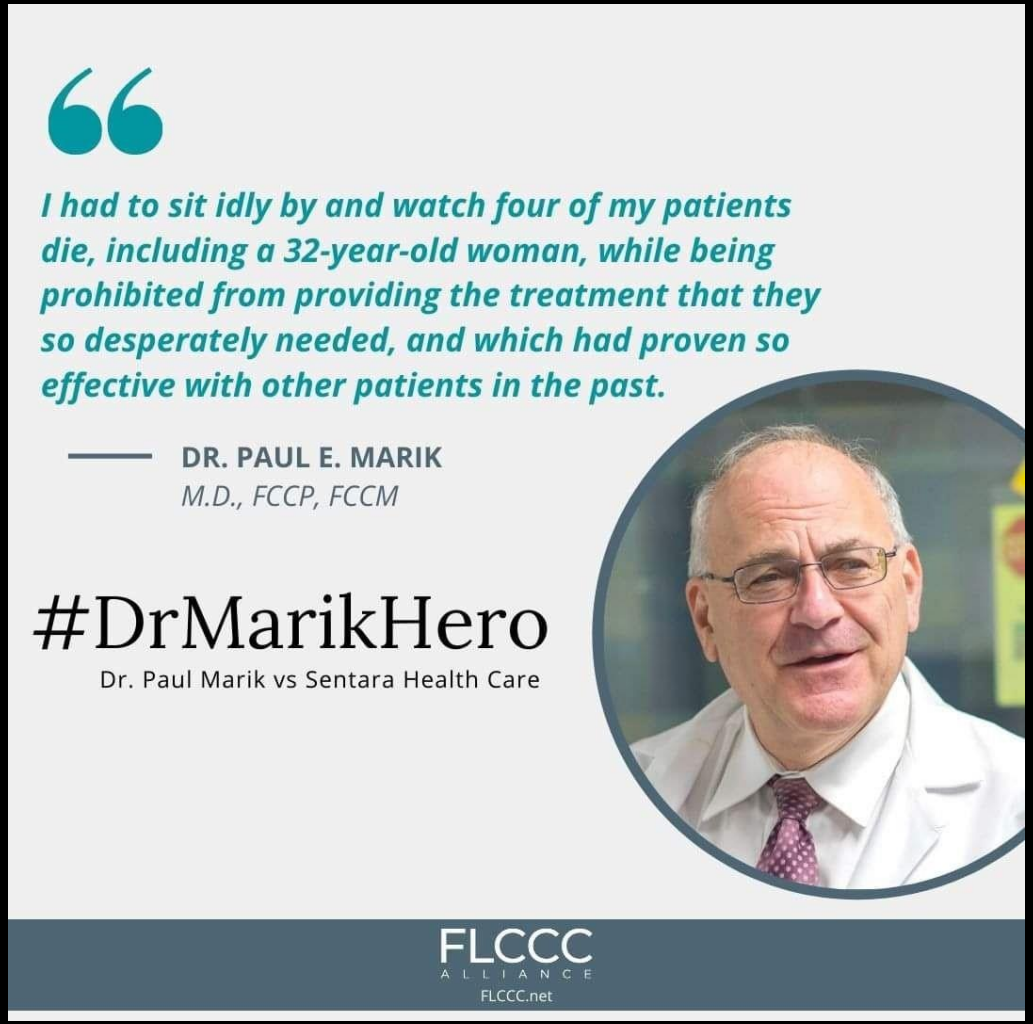
We don’t seem to learn from our mistakes

From 1936, nearly 100 years ago.



Ivermectin for COVID has multiple peer-reviewed published meta-analysis + systematic reviews.

This is the **highest level of evidence** in evidence-based medicine.



This paper by Jessica Rose was unethically withdrawn by the publisher because *they didn't like what it said* that myocarditis is far more widespread than the CDC said.

"Withdrawn" is used when the author withdraws the paper!?!

ELSEVIER

Current Problems in Cardiology

Available online 1 October 2021, 101011

Withdrawn Article in Press

TEMPORARY REMOVAL: A Report on Myocarditis Adverse Events in the U.S. Vaccine Adverse Events Reporting System (VAERS) in Association with COVID-19 Products

Jessica Rose PhD, MSc, BSc [1], Peter A. McCullough MD, MI

Show more

+ Add to Mendeley Share Cite

https://doi.org/10.1016/j.cpcardiol.2021.101011

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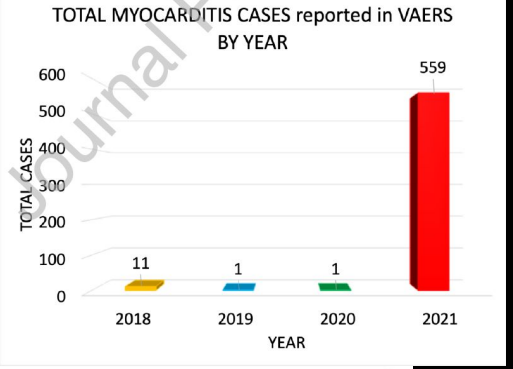


The Publisher regrets that this article has been temporarily removed. A replacement will appear as soon as possible in which the reason for the removal of the article will be specified, or the article will be reinstated.

The full Elsevier Policy on Article Withdrawal can be found at http://www.elsevier.com/locate/withdrawalpolicy.

"The FDA's risk-benefit analysis in connection with Pfizer's Emergency Use Authorization (EUA) application to inject children ages 5 to 11 with their COVID-19 vaccine is **one of the shoddiest documents I've ever seen.**"

—Dr. Toby Rogers

Why do scientists have to **sue the FDA** to see the Pfizer data?

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF TEXAS

PUBLIC HEALTH AND MEDICAL PROFESSIONALS FOR TRANSPARENCY, Plaintiff, -against- FOOD AND DRUG ADMINISTRATION, Defendant.	The case number is 4:21-cv-01058-P and the case was filed in the Federal District Court for the Northern District of Texas. Civil Action No. _____

COMPLAINT FOR DECLARATORY AND INJUNCTIVE RELIEF

Plaintiff, as for its Complaint regarding a Freedom of Information Act request against the above-captioned Defendant, alleges as follows:

INTRODUCTION

1. Until only a few weeks ago, all coronavirus vaccines available in the United States were only authorized for emergency use by the U.S. Food and Drug Administration (the "**FDA**").[1]

2. On August 23, 2021, the FDA approved the Pfizer-BioNTech COVID-19 Vaccine, marketed as Comirnaty (the "**Pfizer Vaccine**") for individuals 16 years of age and older.[2]

3. Although the FDA asserts that the Pfizer Vaccine "meets the high standards for safety, effectiveness, and manufacturing quality the FDA requires of an approved product[,]"[3] numerous public health officials, media outlets, journalists, scientists, politicians, public figures, and others with large social or media platforms have publicly raised questions regarding the sufficiency of the data and information, the adequacy of the review, and the appropriateness of the

[1] https://www.bmj.com/content/373/bmj.n1244 (last visited 9/5/2021).
[2] https://www.fda.gov/news-events/press-announcements/fda-approves-first-covid-19-vaccine (last visited 9/5/2021).
[3] *Id.*

“You want to see the data?! No problem! **We’ll have it ready for you in 55 years!”**

November 18, 2021
1:31 PM PST
Last Updated 10 hours ago

COVID-19 | Health | Litigation

Wait what? FDA wants 55 years to process FOIA request over vaccine data

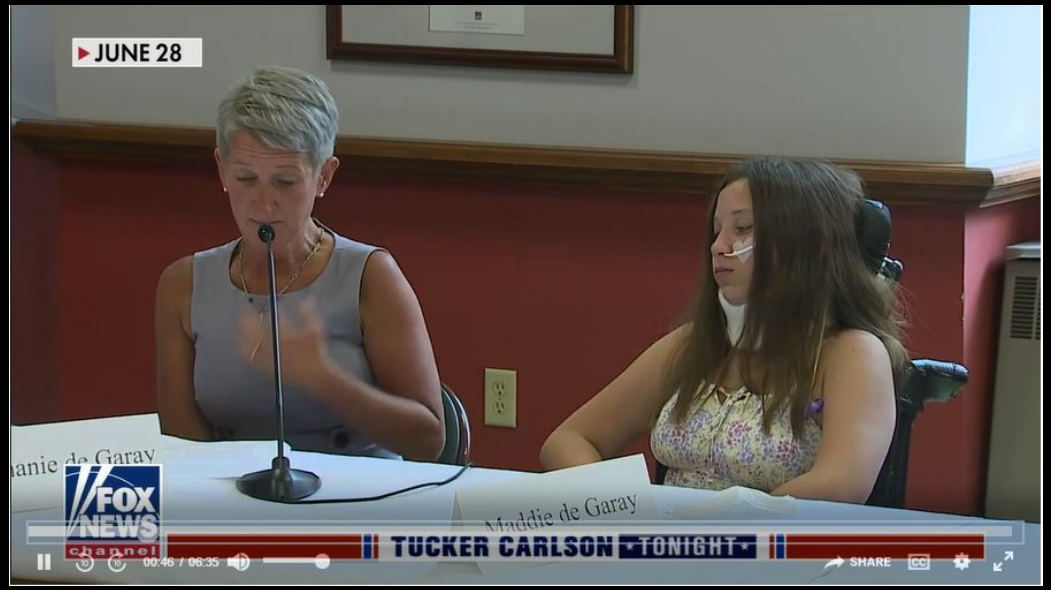
4 minute read

By Jenna Greene

How can a kid who was in the Pfizer 12-15 year-old trial be paralyzed (likely for life) and **not** have that reported in the trial report to the FDA?

How can you approve a vaccine for < 12 when you haven't yet investigated the 12-15 year old safety?

The FDA promised to investigate. **They did nothing.** Nobody investigated. Why?



Why didn't anyone ask any questions about the gaming in the Pfizer Phase 3 trial?!? This didn't happen by chance (p.< 0.00001). Number excluded >> effect size! Nobody said a word <u>except my team members</u>.

Pfizer-BioNTech COVID-19 Vaccine
VRBPAC Briefing Document

Table 2. Efficacy Populations, Treatment Groups as Randomized

	BNT162b2 (30 µg) n[a] (%)	Placebo n[a] (%)	Total n[a] (%)
Randomized[b]	21823 (100.0)	21828 (100.0)	43651 (100.0)
Participants excluded from evaluable efficacy (14 days) population	1790 (8.2)	1585 (7.3)	3375 (7.7)
Reason for exclusion[c]			
Randomized but did not meet all eligibility criteria	36 (0.2)	26 (0.1)	62 (0.1)
Did not provide informed consent	1 (0.0)	0	1 (0.0)
Did not receive all vaccinations as randomized or did not receive Dose 2 within the predefined window (19-42 days after Dose 1)	1550 (7.1)	1561 (7.2)	3111 (7.1)
Had other important protocol deviations on or prior to 7 days after Dose 2	311 (1.4)	60 (0.3)	371 (0.8)
Had other important protocol deviations on or prior to 14 days after Dose 2	311 (1.4)	61 (0.3)	372 (0.9)

[a]n = Number of participants with the specified characteristic.
[b]These values are the denominators for the percentage calculations.
[c]Participants may have been excluded for more than 1 reason.
Note: 100 participants 12 through 15 years of age with limited follow-up are included in the randomized population (49 in the vaccine

Serious adverse event data was gamed in the trials

Vaccine safer than placebo?!? Impossible!

The total number of serious adverse events reported among the placebo and vaccine group were comparable, with 103 events reported among the vaccine group and 117 among the control group, though a break-down and comparison of serious adverse events was not provided.

Whoops!

Pfizer gets caught cheating on the safety data.

Nobody cares.

Rapid Response:

Re: Covid-19: Researcher blows the whistle on data integrity issues in Pfizer's vaccine trial

Dear Editor

It's hard to understand how we can trust the safety data provided by Pfizer [1]; we can see that the official package insert approved by the FDA for Comirnaty [2] states that acute allergic reactions (including anaphylaxis) have been reported only in post-marketing surveillance (including EUA); while in the real world [3] the observed rate of acute allergic reactions is close to 2% (1.95% [95% CI, 1.79%-2.13%]) and the observed rate of anaphylaxis is close to 1/3700 for mRNA Covid-19 vaccines (Pfizer 0.027% [95% CI, 0.011%-0.056%]). It's impossible to miss that in a cohort of 21,700 vaccinated individuals in a clinical trial.

This observational study has been published online in March 2021, it was clear that we could question the authenticity of the safety data published by Pfizer early in the roll-out of this vaccine.

[1] Polack FP, Thomas SJ, Kitchin N, Absalon J, Gurtman A, Lockhart S, Perez JL, Pérez Marc G, Moreira ED, Zerbini C, Bailey R, Swanson KA, Roychoudhury S, Koury K, Li P, Kalina WV, Cooper D, Frenck RW Jr, Hammitt LL, Türeci Ö, Nell H, Schaefer A, Ünal S, Tresnan DB, Mather S, Dormitzer PR, Şahin U, Jansen KU, Gruber WC; C4591001 Clinical Trial Group. Safety and Efficacy of the BNT162b2 mRNA Covid-19 Vaccine. N Engl J Med. 2020 Dec 31;383(27):2603-2615. doi: 10.1056/NEJMoa2034577. Epub 2020 Dec 10. PMID: 33301246; PMCID: PMC7745181.
[2] COMIRNATY® (COVID-19 Vaccine, mRNA) suspension for injection, for intramuscular use; Initial U.S. Approval: 2021; section 6.2 page 13 https://www.fda.gov/media/151707/download
[3] Blumenthal KG, Robinson LB, Camargo CA Jr, Shenoy ES, Banerji A, Landman AB, Wickner P. Acute Allergic Reactions to mRNA COVID-19 Vaccines. JAMA. 2021 Apr 20;325(15):1562-1565. doi: 10.1001/jama.2021.3976. PMID: 33683290; PMCID: PMC7941251.

Competing interests: No competing interests

The definitive podcast on Pfizer trial cheating.
Dr. David Wiseman pulls no punches in this interview. Highly recommended

1 hr 33 min PLAY

Ep 989 | How Pfizer Completely Fudged Its Safety and Efficacy Data | Guest: Dr. David Wiseman

Conservative Review with Daniel Horowitz

News Commentary

Listen on Apple Podcasts ↗

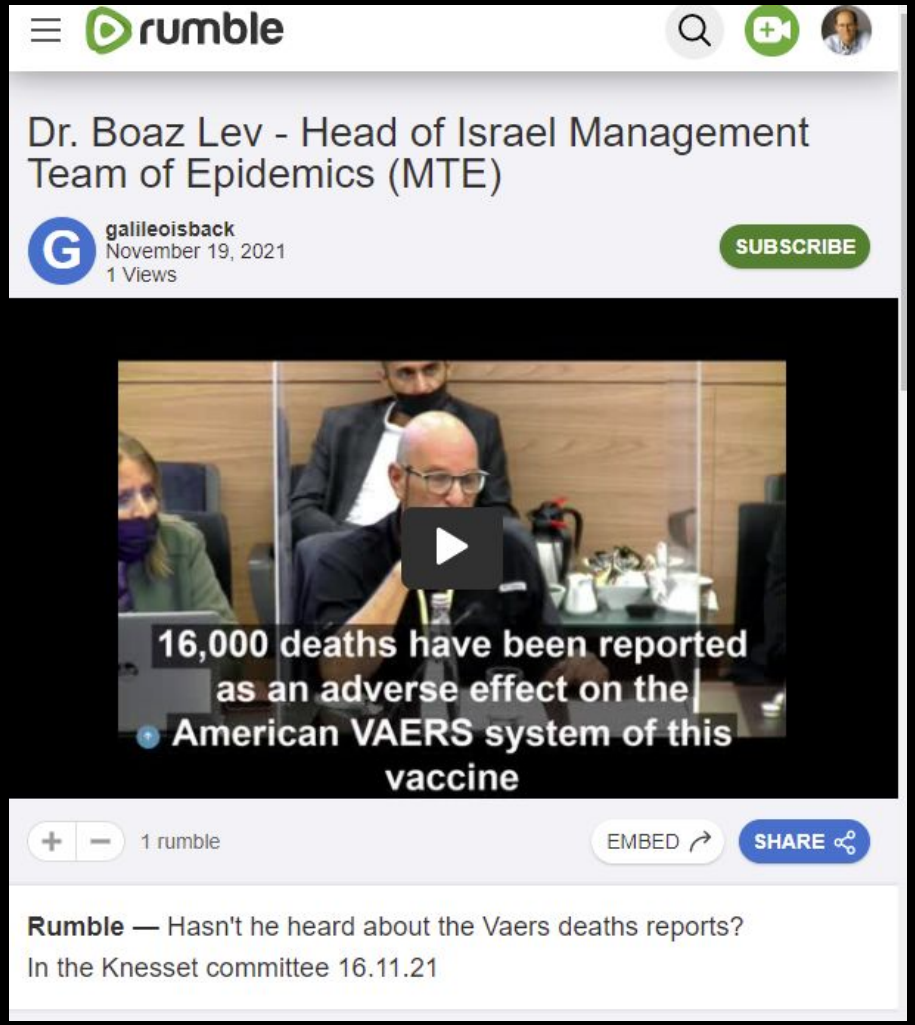
On today's special long episode, we are treated to a spellbinding presentation by Dr. David Wiseman on how Pfizer's clinical trial data is completely corrupted and cannot be trusted. Dr. Wiseman, a bioscientist who helped develop clinical trials for Johnson & Johnson, takes us through the math of Pfizer's adult and child clinical trials and demonstrates how every step of its data collection was corrupted to the point that both the safety and efficacy data are meaningless. He also raises concerns about Pfizer changing its formulation and the fact that there are really no regulatory guard rails controlling the distribution and maintaining of the vials.

Learn more about your ad choices. Visit megaphone.fm/adchoices

Dr. Boaz Lev, Head of Israel MTE claimed that he had never heard of the VAERS numbers.

Truly stunning.

(80 seconds)



This is why nobody dies from the vaccine

Jeffrey M Pontious 5 hr ago

Steve, I've been following this whole saga carefully ever since I saw you on Brett's

Dark Horse podcast with Robert Malone. You and Malone were the catalyst for seeing through all the lies. I haven't heard anything about the following, so thought I would see if you have. A good friend of mine works for one the largest telecommunications companies in the US. He had made the decision along with many colleagues at the company not to take the "vaccine." The company forced their hand and mandated the jab, so he reluctantly took it and felt pretty bad for several days. A colleague of his also relented, took the jab and sadly died within a couple of days. So, here is the interesting part that may be contributing to the undercounting of deaths. The family was told if they wanted the deceased's life insurance, then they had to remain quiet about the causal relationship between the jab and his death. Apparently, many if not all, policies deny claims relating to experimental medications. I've also heard some health insurance policies won't pay claims for vaccine-related adverse events. This would also keep non-death adverse event reporting suppressed. I just wondered if you have heard anything about the insurance aspect in your travels? Keep up the great work, Steve!

1 Reply •••

Two-faced doctors

Publicly they must endorse the vaccine

Privately they say do not use

This is why doctors don't warn their patients:
Fear of losing their license

Tuesday 3:50 PM

patient got pfizer booster

severe nerve pain, severe

2 weeks or so after

73 year old man, no prior history, losing his mind over the pain

welcome to my days...

Tuesday 7:34 PM

Do you warn all your patients? Or would that get your license lifted?

The latter

Figures. That sucks.

Yup

Tuesday 9:08 PM

I wish you could be a mole on my fb doctor groups

What are they saying? Same thing as you? Or are they drinking the Kool-Aid?

Ignore the names I'm too tired to block it out

iMessage

Why the medical community reacts very slowly

Note that the author requested anonymity for fear of retribution

We are killing our kids. Does ANYONE care?

RL Robert
To Steve Kirsch
2:37 AM

You replied to this message on 11/20/2021 2:42 AM.

Hi Steve,

I think you are right.

The problem is that your reasoning seems very ahead of the medical consensus.

You "operate" at the speed of the internet, which is in my view far more suited to handing the pandemic, than the traditional medicines' approach of submitting, peer reviewing and publishing manuscripts with new medical insights then having published articles reviewed by expert committees which eventually come up with guidance/guidelines/recommendation for treatment or vaccination strategy. The traditional approach takes months..

The truth will come to light eventually, the question is only when and how many lives will be lost by then..

Kind regards

Robert

Associate professor Robert

Censorship

Even for $1M, they won’t talk to us

Send

To: Steve Kirsch;

Cc:

Bcc: ⊞ **VRBPAC FDA committee members**; ⊞ **ACIP committee members**; ⊞ **vaccine friends**; Vaccine Truth; Del Bigtree; Tucker Carlson; Daria; Daniel O'Connor;

Subject: My $1M debate offer to ACIP and VRBPAC members

Who wants to be a millionaire overnight?

I'm offering $1M to have a debate with voting members of the VRBPAC and/or ACIP committees.

If just one person responds, you get the entire $1M. If two people respond, you split the $1M.

I will accept the first 5 voting members to respond, so you are GUARANTEED a minimum of $200K each which I trust is adequate compensation for a few hours of your time. You have until midnight Friday November 19 PST to respond.

If you are worried about conflicts of interest, don’t worry. I will donate your share to a charity of your choice such as your institution.

Plus, you would be doing a GREAT public service in combatting misinformation from my team of vaccine experts listed here. This will reduce vaccine hesitancy, a key goal of the FDA and CDC.

Because you can never be unvaxed, I know you'd agree with me that it's **VERY** important that every American get the **FACTS** before they **VAX**; the video of the debate will allow them to hear from EXPERTS on both sides of the key issues.

We’ll have a mutually agreeable neutral moderator for the debate.

I'm looking forward to hearing from each of you.

-steve

Censorship

“Removed for violating community guidelines”

Please click the image and hear what the author had to say.

Deborah Conrad

18 year physician assistant. Fired just days after speaking out.

She couldn’t get any of her questions answered either. “Just do as your told.”

Watch the interview

Anthony Roberts @kennykeano · 9h
Replying to @stkirsch
I've never seen anything like this in my life. If what they're saying is true it should be easy money.
1
2
35
Steve Kirsch @stkirsch · 8h
Correct.
20

Safety: Vax 100x more lethal than COVID

ColleenHuberNMD Writes The Defeat Of COVID · Nov 3

This very topic got me suspended permanently from Twitter back in February. I had quoted Dr. Hervé Seligman, infectious disease professor at Univ of Marseilles, a direct and verifiable quote that the Pfizer shot was dozens of times more lethal for seniors and hundreds of times more lethal for everyone else than the covid shot. I included a link to the original article in Israel National News, and that did it. No more Twitter for me. I think of the lives that could have been saved if seeing that quote could have caused anyone to reconsider and to defer a very reckless medical treatment .

2 Reply •••

ColleenHuberNMD Writes The Defeat Of COVID · Nov 4 Liked by Steve Kirsch

Typo: I typed this too fast yesterday. The infectious disease researchers had opined that the Pfizer shot was deadlier than naturally acquired covid disease.

2 Reply •••

Hospitals

“Our way or the highway”

Summary

SUMMARY

1. Vaccines are both unsafe and ineffective. Everyone should AVOID.
2. The vaccinated are as contagious as the unvaccinated. Only people with recovered immunity stop the virus from spreading.
3. Mask wearing is useless.
4. Mandates are counter-productive and unethical.
5. Vaccination with a non-sterilizing vaccine in the middle of a pandemic is dangerous; the worst possible solution.
6. If you get COVID, treat with an early treatment protocol.
7. Mitigation measures aren't needed; we'll all get it anyway. Focus should be on early treatment + natural immunity.
8. Early treatment is the only way to get to zero COVID. It is better on every metric.

Nobody will debate us because they can't defend their positions when faced with the facts.

The one thing every hospitalized COVID patient has in common: they didn't use a proven early treatment protocol.

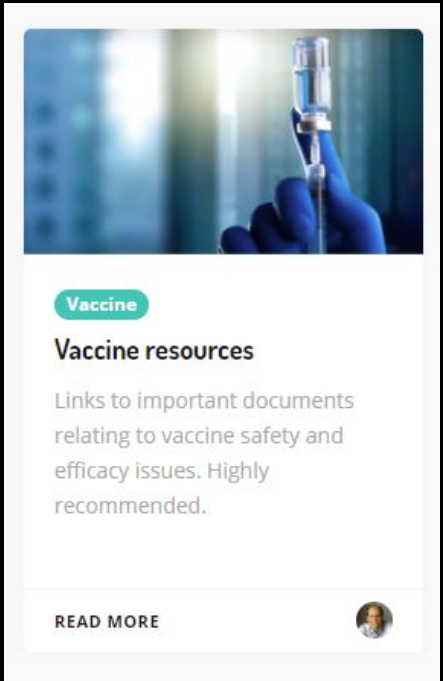
FOLLOW ME

Gab: stkirsch
Twitter: stkirsch
Substack: stevekirsch.substack.com

FOR MORE INFO

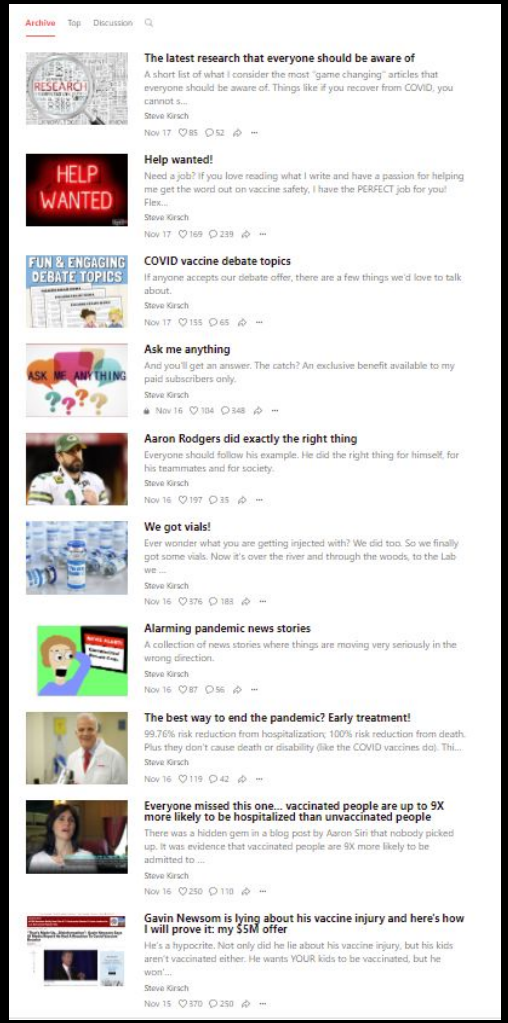
See the Vaccine article on skirsch.io

It has links to everything, including this presentation



FOR MORE INFO

See
stevekirsch.substack.com



Appendix

Let’s be clear… it’s not about the science

Re: URGENT: Number Needed to Vaccinate (NNTV) to prevent a single hospitalization or death i...

Reply | Reply All | Forward

TR Toby Rogers <tob
To Steve Kirsch

Tue 11/2/2021 9:43 AM

If there are problems with how this message is displayed, click here to view it in a web browser.

The Pfizer clinical trial in kids 5 to 11 is so shoddy. As you heard on the webcast, they really just don't care about the data. This is a performance, it's not science.

On Tue, Nov 2, 2021 at 9:34 AM Steve Kirsch <stk@skirsch.com> wrote:

how was the seroprevalence only 8% in the Pfizer trial???? huh?

From: Toby Rogers <tob
Sent: Monday, November 1, 2021 7:41 PM
To: Steve Kirsch <stk@sk
Cc: jessicarose1974 <jess >; Liz Willner <
Subject: Re: URGENT: Number Needed to Vaccinate (NNTV) to prevent a single hospitalization or death in kids 5 to 11 based o...

Hi Steve:

Thanks for your message. Yes, 42% of kids (5 to 11) have had COVID and recovered from it. So in a sane world, that would factor into the equation and they would be spared from being injected with products that they do not need. But we don't live in a sane world.

Biden and the Pharma Cult (including CDC & FDA) are uninterested in previous infection and recovery rates. As you know, they want to vaccinate EVERYBODY, thereby likely wiping out the natural immunity that the 42% have. Biden and the Pharma Cult will never test for antibodies or previous

Pfizer's stunning admission

Myocarditis rates are at least 4.8X worse than the FDA is telling us due to this proof that VAERS is at least 4.8X underreported (since Optum reported 4.8X higher rates than VAERS)

Benefit-Risk Supports a Revision to the EUA for BNT162b2 to Include 5 to <12 Years of Age

Model-Predicted Benefit-Risk Outcomes Based on FDA Scenario 4 and CDC Risk Scenarios per One Million Fully Vaccinated Children Ages 5 to <12 Years Over 6 Months

(Assumes a rate of myocarditis in 5 to <12 year-olds equal to that of 12-15 yo which may be an overestimate)

	Benefits COVID-19 Outcomes Prevented				Risks Excess Myocarditis Cases		
Model Scenario*	**Cases[1]**	**Hosp.[1]**	**ICU[1]**	**Deaths[1]**	**VAERS[2]**	**VSD[3]**	**Optum[1]**
Males and Females – FDA Scenario 4 *VE=90% against cases VE=100% against hosp.*	**58,851**	**241**	**77**	**1**	**22**	**57**	**106**

*FDA scenario assumes the COVID-19 incidence as of September 11, 2021.

1. FDA Briefing Document. EUA amendment request for Pfizer-BioNTech COVID-19 Vaccine for use in children 5 through 11 years of age. VRBPAC October 26, 2021.
2. Su JR. Myopericarditis following COVID-19 vaccination: Updates from the Vaccine Adverse Event Reporting System (VAERS); Slide 7 (7-day risk period post Dose 2). ACIP Meeting October 21, 2021. Available at: https://www.cdc.gov/vaccines/acip/meetings/downloads/slides-2021-10-20-21/07-COVID-Su-508.pdf
3. Klein N. Myocarditis Analyses in the Vaccine Safety Datalink: Rapid Cycle Analyses and "Head-to-Head" Product Comparisons; Slide 18 (12-17 year olds; 21-day risk period post Dose 2). ACIP Meeting October 21, 2021 Available at: https://www.cdc.gov/vaccines/acip/meetings/downloads/slides-2021-10-20-21/08-COVID-Klein-508.pdf

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